Reminiscences Apropos to Thoughts of Confederation

By CATHERINE DE NULLY FRASER, Winnipeg, Man.

Very disappointed at being one of a unit of the Order of St. John of Jerusalem in England ordered to St. Malo, in Brittany, in October, 1914, after the Germans did us out of going to Ostend, little enthusiasm did I feel after a night's tossing on a rough sea as we glided into the picturesque harbour of St. Malo. Then suddenly the well-known poem of the Hon. Thomas D'Arcy McGee came to my mind, and I felt that after all it was an honour for a Canadian to find herself landed at the birthplace of Jacques Cartier:

In the seaport of St. Malo, 'twas a smiling morn in May,
When the Commodore Jacques Cartier to the Westward sailed away;
In the crowded old Cathedral all the town were on their knees
For the safe return of kinsmen from the undiscovered seas;
And every autumn blast that swept o'er pinnacle and pier
Filled manly hearts with sorrow and gentle hearts with fear.

But the earth is as the future, it hath its hidden side,
And the Captain of St. Malo was rejoicing in his pride;
In the forests of the North, while his townsmen mourned his loss,
He was rearing on Mount Royal the fleur-de-lis and cross;
And when two months were over and added to the year,
St. Malo hailed him home again, cheer answering to cheer.

He told them of the river whose mighty current gave
Its freshness for a hundred leagues to ocean's briny wave;
He told them of the glorious scene presented to his sight,
What time he reared the cross and crown on Hochelaga's height,
And of the fortress cliff that keeps of Canada the key,
And they welcomed back Jacques Cartier from his perils o'er the sea.

Let us look ahead nearly four centuries and in this year of the Diamond Jubilee of Confederation of Canada we see another pioneer crossing the rough waters of the Atlantic, and entering France at Cherbourg, a little north of St. Malo—not arriving in a small sailing vessel being tossed about by the waves, but in his silvery monoplane, "The Spirit of St. Louis," soaring in the air as gracefully as a bird, but also as swift as an arrow shot at a venture (since his hop-off from New York) till he descends in 33½ hours amongst the deepening shades of night, into the bright lights of Paris, where he is given a welcome as hearty and spontaneous as the simple folk of St. Malo gave Jacques Cartier of old:

From New York's busy centre on a smiling morn in May,
America's Ace, Charles Lindbergh, to the Eastward flew away—
From the crowded streets of Paris, and ships at sea, all eyes
Gaze up to try and catch a glimpse of our hero of the skies.

One year later I am on home service and have been sent to York. One Sunday morning, before the Great War had broken over the world, the rector of the ancient church of St. Cuthbert's (which dates back to 687, A.D.) preached a sermon

in the grand old Minster, on behalf of St. Cuthbert's Restoration Fund, by the kind invitation, he said, of the venerable and beloved Dean of York. After telling something of the early history of the little church the rector continued as follows: "As the eighteenth century dawned there might have been seen entering the doors of St. Cuthbert's, Sunday by Sunday, a young parishioner, Miss Henrietta Thompson, from her home on Peaseholme Green, opposite the church. In due time she married and for a season husband and wife attended St. Cuthbert's together. Regimental duties called them to the south, where their son, known to history as General Wolfe, hero of Quebec, was born. The legacy which he bequeathed as he lay dying upon the Heights of Abraham was the legacy of inspiring hope, more precious than rubies. Hope for the British Empire, hope for the glorious future of the Dominion of Canada, hope for the cultivation of the vast prairies and the development of her immense resources, hope for her children's children.

"In his outward life men felt the force of Wolfe's character: 'For riches, honours, possessions and the dazzling advantages of this world, I disregard them; my utmost desire and ambition is to look steadily upon danger, and the greatest happiness that I wish for here is to see you happy,' he wrote to his mother. Frail in body, the indomitable spirit of hope overcame every obstacle. The secret of it is found under God, with his mother, in the ancient Parish Church of St. Cuthbert's in the old city of York. Hence, St. Cuthbert's bears the noble title of 'The Cradle of Canada.' "

This sermon, which was brought to my notice and was quoted from at one of the military services in the Minster during my stay, made me naturally anxious to visit the little church, and this was arranged for me through my kind hostess, the wife of the colonel of the West 5th Yorks, who accompanied me on this occasion, and we were shown much of interest by the rector, who also read us many extracts of letters from General Wolfe to his mother. The only thing I thought missing in this well preserved little edifice was a flag to betoken its historic and patriotic character.

Eighteen months later I received the following detailed account of a very interesting ceremony which took place in the church on June 15th, 1917, when the citizens of York presented St. Cuthbert's with a Canadian flag, in token of their gratitude and appreciation for the services Canada had rendered the Motherland during these dark days of the Great War.

The service, at which were present the Lord Mayor and Corporation, military authorities and church dignitaries, was opened by the singing of the hymn, "Angel-voices ever singing round Thy throne of light." The lesson was read by the Very Rev. the Dean of York, and followed by the prayer, "Almighty God, Father of all mercies, we Thine unworthy servants do give Thee most humble and hearty thanks for all Thy goodness and loving kindness, particularly for the loyalty and heroism of the Dominion of Canada." After the singing of "O Canada," the Lord Mayor of York asked Lieut.-General Sir John Maxwell to unfurl the Canadian flag, the gift of York citizens. Sir John Maxwell thereupon unfurled the flag, saying, "Most Reverend Father in God, we request you to dedicate this flag to the glory of God, as a tribute to the loyalty and heroism of Canada today, and to the memory of General Wolfe and his mother, in this, her old Parish Church." His Grace the Archbishop then replied: "By virtue of our sacred office, we dedicate to the glory of God this flag, to be kept in this church as an emblem of the unity of Great Britain with the Dom-

inion of Canada in the faith and fear of God and in this cause of freedom."

His Grace then addressing the rector and church wardens, said: "Receive and keep this flag as a sacred trust, so that all who enter this church may ever bear in mind the duty and service which they owe to the Realm and Empire whereof they are citizens."

Where Britain's flag flies wide unfurled,
All tyrant wrongs repelling,
God make the world a better world
For man's brief earthly dwelling.

An address was then given by His Grace, and the service came to an end with the hymn, "Let saints on earth in concert sing."

Speaking of the Canadian flag brings to my memory another service at which I had the privilege to be present in person, on the great occasion when St. Paul's Cathedral held a memorial service for the Canadian troops who had paid the supreme sacrifice in the war. For the first time in history a Canadian flag hung in this famous edifice side by side with the Union Jack, and the old dome echoed to the singing of "O Canada," the following rendering of it being sung:

O sacred love of altar and of throne
Breathe in our hearts till truth shall reign alone;
Till wrath and wrong shall perish
And faith and peace abide,
And all the hopes we cherish
Shall prove our country's pride.
Our fathers' song once more we sing,
Our battle-cry of old, "For Christ the King!"
Our battle-cry of old, "For Christ the King!"

July 1st, 1917, dawned on the 50th anniversary of the Confederation of the Provinces of the Dominion of Canada, and finding myself in London, where I had just returned from first-aid work in the dressing station attached to a large shell-filling factory in Nottinghamshire, and having a Sunday off, I attended a commemoration service at St. Columba's (Church of Scotland) in Pont Street, Belgravia. The excellent and inspiring sermon was preached by Lieut.-Colonel the Rev. Wm. Beattie, D.D., C.M.G., the Canadian hymn "From ocean unto ocean" sung, and Psalm 72 chanted.

And now my thoughts fly on a couple of years and it is May 3rd, 1919. The war is over and our troops dispersing to the uttermost parts of the earth, and to the distant parts of the Empire on which it is our boast the sun never sets. But today they are gathered together for the last time in a Victory March, comprising 12 000 overseas trooops in the following order: Canada, Australia, New Zealand, South Africa and Newfoundland, accompanied by a squadron of Canadian aeroplanes flown by world-famous Canadian airmen, and led by the giant figure of Lieut.-General Sir Arthur Currie, G.C.M.G., K.C.B., leader in many a fight, riding at the head of the Canadian contingent. They pass Buckingham Palace, where the King stands to take the salute, and fare them well, and on they go through the crowded streets of London, and the tramp, tramp, of feet is heard once more, where we had long since got used to the sound. But today there is a triumhant note in it, for are not their marching days over and home in prospect?

Perhaps I should stop here, but along with Victory we want Peace and Goodwill, and in this the Diamond Jubilee year of the Confederation of the Provinces of Canada may the idea of confederation in its broadest sense be our ideal in our international relationships; and may that spirit of goodwill which exists between us and our fellow provinces also be seen in all the dealings of the League of Nations at Geneva, where Canada already takes such a prominent part.

"Lord, make the nations see
That men should brothers be
And form one family
The wide world o'er!"

School for Graduate Nurses, McGill University, Montreal

By FLORA MADELINE SHAW

The School for Graduate Nurses, McGill University, Montreal, was opened in 1920 to provide training for public health nurses and to prepare nurses for administrative and teaching work in hospitals and schools of nursing.

The establishment of the school was made possible by the generosity of the Quebec Provincial Red Cross Society, which agreed to finance the undertaking for three years. In October, 1924, the university, satisfied that the school was doing work of value to the community, became responsible for its maintenance.

The courses offered in the School for Graduate Nurses are designed to prepare qualified nurses to act as instructors, supervisors, assistants or superintendents in training schools for nurses, as superintendents of small hospitals and as public health nurses. The hope and aim of the school is to send out teachers and leaders, who, whether by helping to improve the methods and raise the standards of nursing education in Canada, or by doing efficient work in the varied fields of public health nursing, may alike serve the community as health workers.

One hundred and twenty-two students have graduated from the school and the majority of them are filling positions of importance in schools of nursing or in public health nursing, in Canada. Of these fifteen are superintendents of schools of nursing, some of them also holding the position of superintendent of the hospital. Six are assistant superintendents and seven supervisors. Thirty-two are instructors and thirty-one are doing public health nursing. A number have married, one is a missionary and one is executive secretary of the Canadian Nurses Association.

The Values of a Post-Graduate University Course in Teaching in Schools of Nursing

By OLGA V. LILLY, Instructor, Royal Victoria Maternity Hospital, Montreal

It has been felt by many nurses that to them a post-graduate university course for teaching in schools of nursing has meant little more than a title—for the simple reason that other interests have repeatedly interfered with their opportunities of learning just what it embraces and the particular advantages to be gained from such a course. It may be enlightening, therefore, especially to those interested in the education of student nurses, to read of the benefits to be derived from more advanced study in preparing instructors for their work.

Let us consider, then, wherein these values lie. First, there is the intimate contact over a period of time, eight months or longer, with the nurses on the university staff, women of rare ability as shown by the heights they have attained in their profession, and under whose direction the post-graduate courses are planned and carried out. There is also the contact with members of other faculties, from whom inestimable help is given in preparing the broad background of knowledge of the basic sciences necessary before these can be taught satisfactorily to the student nurse. Nor can we overlook the broadening influence of "rubbing shoulders" with students of other training schools and professions and from other countries as well as the contact with sister organizations e.g., social service, which leads to a more sympathetic appreciation of the work done by others and thus to greater mutual cooperation in the future.

The course includes subjects not found in the curricula of training schools for nurses, thereby affording entirely new interests for the average student, which together with the extensive reference reading required, gives a more intellectual grasp of the scope of the field. Where advisable, lectures are followed by laboratory work under expert direction and instructive visits are made to the museums of the various departments, thereby making possible a grasp of the subjects previously unobtained.

In connection with training school supervision, a course which leaves the student with a lasting impression of the teaching value of constructive as compared with destructive criticism, many excursions are taken to both general and special hospitals. There the methods and facilities for teaching can be studied and a genuine insight gained into training school administration, files, records, division of ward duty, correlation of theory with practice, and last, but not least, into the universally recognized problems, all of which help to make more applicable the lectures given upon these matters. In connection with the study of neuro-psychiatry visits are made to the mental hygiene clinics, and in hygiene and sanitation to a large dairy and to the city water works, where the methods employed for preventing the spread of disease through milk and water can be observed. Perhaps the chief value of these excursions lies in the fact that written reports must be made upon them, which calls for close observation, discrimination and intelligent questioning on the part of the student in order to glean the required information.

The purely cultural advantages are well worthy of mention for we find that there are many opportunities of listening to addresses by brilliant speakers on subjects of widespread interest, of attending receptions given to distinguished visitors to the university and diverse functions, formal and informal, at which the students are more often than not the guests of honour, as well as entering into any of the popular pastimes which are a part of the university life. A valuable series of lectures, followed by actual practice, is given in public speaking whereby the rapid collection of thoughts, powers of expression, assurance of speech and manner, self-confidence and voice modulation, are appreciably heightened. Nor must we overlook the intensely interesting study of the History of Nursing wherein the development of nursing from its earliest known conception thousands of years B.C. down to the present day is closely followed in all of the principal countries of the world, and which cannot fail to rouse the ambitions of the student to succeed in her work and to impress her with a new sense of her responsibility towards maintaining, and when possible, raising the standards of her profession.

For those unable to give their full time to study, a partial course with a choice of subjects is available, and where merited, university credits are allowed which at some future time may be added to those required for a certificate or a diploma. This fact encourages many nurses who though actively engaged in work which occupies a large part of their time are enabled to gradually add to their "stock in trade" by broadening their nursing education, and this frequently leads to the discovery of hitherto unsuspected abilities for a more suitable field of work.

Looking back one feels that this course is indeed worth while. It leads one to realize that the ideals of nursing are becoming more and more attainable. Even though a student may never make any practical use of its teachings she has beyond question greatly enriched herself for any other vocation or calling which she may desire to follow.

The Care of the Sick—*Continued*

By DAVID A. STEWART, B.A., M.D.
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Means of Diagnosis: How Made Available?

Modern medical science, then, should be measured not by what it can do, but by what it does; not by an occasional almost miraculous achievement, but by its average of service to the average man in the average community. If the possibilities of medical science are not realized in service the fault may be found not in medical science, which can speak for itself, but in the administration of medical science, which is a part of our modern social system.

The old-fashioned snap diagnosis we used to hear about, made while the patient took his hat off, or the doctor crossed the threshold, cost very little, and usually had a value in proportion. But many of the processes in the utmost of modern diagnosis are inherently expensive and technical. No one-man medical office can contain them all; no ordinary purse afford them all; no single practitioner, however long he might study, could master them all. We may as well become accustomed, then, to the idea that medical science cannot be completely applied by any one man.

We surely cannot expect the man who fights his way through prairie blizzards at midnight to the shack where a child lies ill, to use means in diagnosis that it takes tens of thousands of dollars in equipment and a considerable group of experts to provide at a few favoured centres. That the specialized measures of the laboratory are available for so small a percentage of the sick, is one of the grave defects of our system. The man in the trenches, grappling with his enemy man to man, almost as cave men fought, still has telephones, batteries, aeroplanes, barrage, supporting battalions, transportation, ammunition dumps, munition factories, the whole might of co-ordinated military science behind him. He is a unit in a highly organized army that makes ten thousand different services all bear at one point, the firing line; one aim throughout all, the defeat of the enemy. To attack one isolated sentry is to challenge the full might of a million men. A primitive army was a mob; a modern army is a complex and effective machine.

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The modern medical army as it attacks disease in communities is fairly modern and effective. As it attacks disease in individuals it is almost a mob, with little concerted action, little co-ordination, no one p'an of campaign. Indeed, it can scarcely be said to attack disease at all. The individual medical soldier has to wait until disease attacks, then engage as best he can, pretty much on the primitive plan of "When you see a head, hit it." He knows that somewhere behind him are the many marvels of medical artillery, and cavalry and engineering, but has little means of bringing them to his support. He may call for help and may get it, but none will come automatically at his time of need.

The medical army is perhaps not so much like a mediaeval mob-army. It is more what a modern army would be with all its fine men and equipment intact, but with no organization, all co-ordination and command done away with. Medical practitioners still have to attack disease as privateers rather than as the King's Navy. That their performance under the circumstances should be on the whole in a fine spirit, is very creditable.

Private physicians need the utmost in facilities for diagnosis, but cannot provide them. Groups of physicians, except very large groups, cannot. The large hospitals can do better, but only with much worry about ways and means; the smaller hospitals cannot.

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The solution would seem to be that the more expensive and technical facilities for diagnosis should be made available on some well-considered plan

by the community in some form, municipal, provincial or national. This is not so new a proposal as it may seem. The community has already gone part way. A diphtheria swab whether from duke's son or cook's son is examined forthwith, by the community, because one prompt diagnosis of diphtheria may save a hundred lives. But a urine specimen which might show nephritis or diabetes or any one of a score of other ills is in quite a different category. Sputum will be examined to find disease at a late stage and infectious, but a chest will not be plated to find disease early. In these cases one life only is in danger. The community sees people by scores and hundreds, not by ones and twos. The difference is quantitative.

Facilities for diagnosis, especially if more are to be provided, need to be de-centralized, to be brought nearer to the doctor and his patient. Their usefulness increases with nearness and decreases with distance. Ample facilities for diagnosis at Winnipeg would not greatly help Regina or Halifax. The late Dr. Gordon Bell thought the solution was in district diagnostic centres, half a dozen, say, scattered throughout the province, each with the chief essentials for laboratory aid to clinical diagnosis and an x-ray equipment not turning out as many small plants do one or two miserable unreadable bone plates a week, but covering the whole range of work in chest, intestines, genito-urinary tract, gall bladder, head, etc., and doing it well. Such service could be on the basis of cost, but given free when necessary, the aim being the widest possible availability and usefulness. It should not appear revolutionary to specialize the functions of a dozen or a score of men out of the six hundred practitioners of a province in order to provide this extended community service. Keen young men should be attracted by the fine opportunities of helping in diagnosis. Medical students might earn some of the means for their education by doing some of the technical work. Provincial hospitals such as mental hospitals and sanatoria could very well be among the first centres. Indeed some are already performing such functions for their neighbourhoods.

Such a centre within an hour or two of almost every doctor and patient would help not only the patient but the doctor. It is not snow drifts or mud holes that drive men out of country practice, but isolation and the lack of modern means of diagnosis and treatment. A diagnostic and conference centre on the very borders of his territory would change everything for a keen young doctor.

This may be the solution, or it may not, but means of diagnosis in our very hands and yet not available for a tithe of sick people, is surely a challenge to the men of our profession and to our whole social system.

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What is true of equipment is true almost equally of the advantages of consultation. These are for the few; the many have to get on without them. Specialism has its seamy side, as we all know; the presumption of special knowledge without special study or experience; the narrowing of outlook until a specialist can almost cease to be a physician and degenerate into a factory piece worker; the same symptom complex getting a half dozen different diagnoses and as many treatments from as many specialists of limited vision; the spectacle of the seven blind men who each felt a different part, and one part only, of the elephant, and naturally could not agree in their findings.

But notwithstanding these difficulties, specialism there is, and still more specialism there must be, as medicine, wide as the Amazon already, broadens out into the larger ocean of tomorrow. What we have drifted into has not been specialism but individualism. A cavalry squadron alone or a corps of engineers alone, however well equipped, would not get far in modern warfare. We have learned how to divide up for special study and experience and function. But we have not learned how to co-ordinate special study and experience and function, and bring it all to bear on the problems of the single patient. So some of us miss

the more extensive views we need to get, and some of the more extensive views we need to keep. We lose all round.

It is true that in certain centres—in the public wards of the larger hospitals—there is a very fair co-ordination of general and special viewpoint and experience. But the remaining thousands of doctor-and-patient clinical units throughout city and country, what of them? How many have similar advantages? Of course, a patient may travel a few hundred miles, without his physician, pay half a dozen fees in a half dozen offices for a half dozen unco-ordinated examinations, and live to tell the tale to his doctor at home—also to his banker. Unsatisfactory as they are it is only the very few who can have even such advantages as these.

When ordinary modern means of diagnosis, and ordinary advantages of special experience—such as you and I want when we are ill—are available for one in a hundred only of the sick, or even, peradventure, for one in ten, is it not time to consider all over again the ways by which medical science should be applied to the people's needs? Is our individualistic haphazard system of medical practice the best possible for the people or even for us? Can such old bottles hold the new wine of living medicine? Must science as young as the aeroplane or the radio crawl out to its application among the people in obsolete chariot or stage coach?

Systems cannot be changed overnight; indeed, they have a way of changing themselves by gradual development, which is better. We can at least look squarely at our mediaeval plan, and get it well into our minds that this is no holy thing, no ark of the Covenant that it would be sacrilege to touch. Even the ogre we keep to frighten our naughty boys with, *State Medicine*, may not be so very fearsome when actually met and lived with. The physicians of Egypt, employed and paid by the state, five thousand years ago, were skilled beyond any others of the age they lived in. Those who practise something like state medicine today find in it a worthy calling, and do not always show the deterioration predicted for doctors on salary. Just why salary should be considered deleterious to the moral and professional health of doctors I protest I cannot explain. And results of work? How long would it take our individualistic system of practice, dealing only with individuals who care to come to see us, to clear any community of yellow fever, or malaria, or hookworm, or the plague? Yet it is a comparatively easy matter for modern medical science, working through community organization, to clear any one community of any one of these.

Better organization of the care of the sick would mean not only better and more effective work for men of our training, but actually more of it. What might be done that is not now being done for the good of the people is a field white to the harvest in which we simply stumble over one another with our sickles and our handfuls, while much that might be saved of life and health is lost.

(To be continued.)

British College of Nurses

On April 29th, at Church House, Westminster, London, England, 244 foundation fellows and 77 foundation members of the British College of Nurses received the diploma of the College. It will be remembered that the foundation of this college was made possible, in 1926, by the anonymous gift of £100,000. The presentation ceremony on April 29th, the first of its kind, marked a most memorable occasion for British nurses.

Among those who addressed the assembly were Dr. Bedford Fenwick, trustee and treasurer of the college; Mrs. Bedford Fenwick, who in her presidential address spoke on the four watchwords of the college: Knowledge, Service, Charity, and Honour; Mrs. Rebecca Strong, and Mrs. Lancelot Andrews, fellow members of the College; and Major Sir Richard Barnett, M.P.

*Nutrition in Childhood

By URBAN J. GAREAU, M.D., Regina

Part III

Continuing the story of Nutrition: This talk would appear to be opportune for a consideration of the most important food stuffs of man's dietary.

Cereals: Wheat is being used in increasingly enormous quantities and is second only to rice in quantity employed. Its protein is very efficient for human growth but it is too low in phosphorus, calcium, sodium chlorine and iodine for growth demands. Canadian wheat is especially nutritious, being high in protein. Wheat from irrigated soil is lower as the water wastes away the nitrates which enter into the protein molecule. The germ is rich in vitamine B and contains some A and X —the reproductive factor. White flour is the commercial product with the valuable factors from the germ and husk removed. It is the most important energy food in England and America and is notably deficient in minerals and vitamines. Its remarkable position in our dietary is due to its power to retain its glutinous properties. Whole wheat flour is more complete, but lacking as wheat itself in minerals.

Corn and oats contain proteins of slightly lower value than wheat. They have the same deficiency of minerals but are equally rich in the B factor.

Rice is the most important cereal in the diet of more than eight hundred million people. As with wheat, corn and oats, it is deficient in minerals and all vitamines but B. Its protein, however, is not of the high order of wheat for human purposes. Its germ and bran—rice polishings—which contain its most nutritive elements are lost in the abrasion process for making polished rice. Unpolished rice loses its flavour owing to the fats becoming rancid when kept for considerable periods in a warm climate, while polished rice can be kept for indefinite periods. The incidental whitening of the kernels has led to the establishment of a demand for a white product. McCollum says "This and the artificially established liking for white flour and white corn meal is an illustration of the failure of the instinct of man to serve as a safe guide in the selection of food." Rice stored one hundred years was found to still contain all its vitamine B.

The feeding of these cereals may be started in small quantities at the fifth or sixth month. They should be thoroughly cooked and fed with a spoon. without sugar, seasoned with iodized salt, preferably at the morning ten o'clock feeding. It is naturally of advantage to use the whole grains but such must be soaked well before cooking. Three hours in a double boiler or one-half hour over a flame is ample cooking. Cereals should be prepared each day as they do not keep. The quantity may be increased with increasing age, but as far as possible "ready-to-serve" cereals should be avoided. Cereals serve as splendid vehicles for milk, cream, butter and eggs.

The legumes, peas and beans, are classed with cereals and are particularly deficient in calcium, sodium and chlorine. While wheat, oats, barley, corn and rice obtain their nitrogen from the soil and build up their protein accordingly, peas and beans are able to synthesize nitrogen of the air into their respective protein of which they contain 23%. Because of the richness of beans in protein, they have been referred to as poor man's meat. Recent work on protein has revealed the facts that it is not the actual quantity of protein intake that is most import-

(*One of a series of addresses given by Dr. U. J. Gareau, Pediatrist, Regina, at the annual meeting and institute, 1927, of the Saskatchewan Registered Nurses Association.)

ant but rather the quality. The complex protein molecule is broken down into amino acids in the small intestine and absorbed as such. From the blood stream the different tissues withdraw amino acids to build such up into their own particular framework or protein. There are many amino acids left in the circulation foreign to the body which must be eliminated by the kidneys as urea or ammonium salts. Beans and peas, high as they are in protein, do not contain their element in anything like the efficient proportion as formerly thought and consequently the system and kidneys have extra work thrown upon them by their metabolism. String beans and peas are a good source of iron for the infant, the water from which may be given early.

Soy beans now being grown extensively in the United States are said to contain protein of exceptional merit for human needs.

Peanuts are a legume seed and have similar dietary deficiencies as minerals and vitamines A and D. Peanut butter is a good source of vegetable fat but like all vegetable oil is naturally low in fat soluble vitamines. It is not to be compared with or substituted for butter fat.

Leaves: It has not been found possible to secure satisfactory nutrition in animals fed exclusively cereal seeds and their products, but combinations of seeds and leaves would appear to supplement one another's deficiency. Generally speaking, leaves resemble each other as do seeds. They contain two to five times as much mineral matter and are particularly rich in calcium, phosphorus, sodium and chlorine. They also contain considerably more vitamine A. The function of the leaf and seed give a clue to their nutritive differences. The seed with its stored up food is meant to nourish its germ of living cells until such a time as this germ commences its own existence in a new plant. This germ has always closely linked proportionately larger quantities of vitamine B and to some extent A for growth. The leaf contains all the protoplasmic structure necessary for metabolism. Its chlorophyl enables it to utilize the energy of sunlight, and from the carbon dioxide of air with water and mineral salts from soil, it builds up protein, starch, fat, all for growth which it stores in the seeds or roots lower down. This is a most important function and takes place in sea as well as land plant life. This exposed leaf surface is comparable to the surface of the human plant whose skin is meant to absorb the energy of sunshine. Thin leaves are more complete foods than thick, such as cabbage. These latter tend to stand midway between thin leaves and seeds. The alfalfa leaf is a typical thin leaf and is very rich in vitamine A. One quarter of a teaspoon of alfalfa to a rat's daily diet gave better growth than did the inclusion of one-half ounce of cow's milk to the same diet. Lettuce, spinach and chard are also potent in calcium, phosphorus, sodium, chlorine and vitamines. Asparagus, celery and lettuce are equally nutritious. These three latter contain more vitamine B, one of the vitamines controlling growth, than apples, pears or grapes. Greens as above mentioned may be fed the infant at the sixth month, canned greens being used when fresh are not obtainable, starting with quantities as low as one-quarter teaspoon daily and increasing slowly. Long before this, the water from such may be given to drink and later on through childhood and school days vegetable water may be added to the daily ration of soup. At the eighteenth month a small quantity of green salad may be given and from then on the daily menu should always contain a fruit or vegetable salad. Children who are early taught to be vegetarians will usually remain so unless their taste be perverted by candy, chocolate, sweets, pastry, etc.

Tubers, as potatoes, and fleshy roots as beets, parsnips, carrots, turnips and mangels, are important sources of energy food. Their protein is not so utilizable as that of cereal. They are a good source of vitamine C, the anti-scorbutic, and to some extent of salts. Carrots and sweet potatoes which contain yellow pigment are a better source of vitamine A than other non-pigmented roots. Potatoes have been very much overrated in the dietary and may be classed with white flour from the point of nutrition. It is probably advantageous to leave potatoes out of the infant's diet in the first year so that it will accustom itself to more nutritious vegetables such as spinach. Potatoes should be thoroughly cooked, and cooked in their skins. They are at their best when baked and well saturated with butter.

Fruits are high in water content, of varying amounts of sugar and are insignificant as sources of protein and fat. They are mildly laxative, mildly diuretic and palatable. They differ from seeds and meats in having an excess of basic radicle which renders their ash alkaline. A certain alkaline reserve of the blood is essential to maintain its capacity to carry carbon dioxide to the lungs for elimination. When this reserve falls below normal a pathological condition (acidosis) develops. Fruits and vegetables tend to establish a proper acid basic equilibrum. Minerally fruits resemble tubers and roots and are particularly low in calcium. Tomatoes, oranges, limes and grapefruit are as rich in water soluble B as is milk. All citrus fruits are rich in anti-scorbutic C. Grapefruit, fresh and concentrated, contain small amounts of A as does fresh and canned pineapple. Raisins also contain these vitamines which do not appear to be harmed by drying. Oranges contain considerable A, B, C, and the peel is said to be relatively rich in A. Generally speaking orange juice is the fruit par excellence and should be started in small quantities at the second month. Tomato juice and prune juice may be alternated or given in addition at evening time. Daily fruit salads should be given the preschool and school child especially in summertime. It is said that children should be given their fruit between rather than before meals. A splendid practice for the school child is to carry an orange or fruit in season to school for recess indulgence.

Banana is deficient in protein and high in carbohydrate. It should be eaten when it is old and mellow or baked.

Nuts, except chestnuts, are rich in protein and fat. They are the seeds of plants and like other seeds are deficient in minerals and vitamines C and D. They contain similar proportions of B as do cereals. Nuts may be added to salads or given at meal time.

Animal tissues, as the organs of veal, beef, pork, lamb and fish, are the seat of metabolic activity and are more complete foods than the supporting or muscle tissue. Birds restricted to a diet of muscle meat show paralysis, polyneuritis, hypertrophy of thyroid and para-thyroid. Rats fed on an exclusive diet of horse or beef muscle died or were inferior in their ability to produce and rear young. Beef muscle extract is deficient in vitamines A, B and C, but liver is a good source of these. The protein of muscle, liver, kidney and brain is complete as a source of amino acid. The storage of meat is said to be without effect on vitamines. Meat juice may be started between the eighth and twelfth months and scraped meat may be added to the dietary at the fifteenth to the eighteenth month. Meat is also a valuable source of iron and helps to offset the anemia of later infancy. Kidney and liver have the additional advantage of being richer in fat soluble vitamines. Children should have a meat or fish meal daily, preferably at noontime with hot vegetables.

Animal fats such as lard, chicken or beef fat are not a rich source of fat soluble vitamines. What little is present depends on the diet of the particular animal. This fat has the additional disadvantage of not being readily digested by younger children. The livers of fish are storehouses of fat and are a splendid resevoir of fat soluble vitamines, particularly the cod.

Milk is the most satisfactory simple article of our diet, though it is not a complete food taken over long intervals. Since it is rich in lime and phosphorus it is splendid for supplementing cereals, tubers and fleshy roots which are low in these. Milk for this reason is classed with leafy vegetables as one of the protective foods which are so constructed as to make good the deficiency of cereal, grains, legumes, seeds, tubers, roots and muscle meats. Its fats are rich in A, the anti-ophthalmic growth and maintenance factor. Hopkins reports that two or three c.c. of milk added to the basal diet of a young rat supplies it with enough vitamine for growth. Typical winter farm milk is deficient in vitamines and, consequently, even milk may be lacking in substances necessary for adolescent growth and reproduction.

The by-products of milk—cream, butter, cheese, ice cream—are of relative value as a source of protective elements. Raw milk from a healthy herd, which should invariably be boiled a minimum of three minutes, is recommended for infants feeding. The boiling of milk has less effect on the vitamines than has pasteurization and in addition renders it more digestible. After twelve months the use of Jersey milk which is too high in butter fat for the average infant's digestion is advantageous. For the same reason the addition of good butter to the pre-school or school diet is valuable. Milk, when not boiled, should be pasteurized, as it is the ideal growth medium for the germ causing typhoid, diphtheria, scarlet fever, tuberculosis, dysentery and epidemic sore throat. As a contrary argument pasteurization is said to render the calcium and phosphorus salts insoluble and less available and incidentally has a deleterious effect on vitamine C, this being one of the reasons why the addition of orange juice to the dietary of the infant is advocated at the second month.

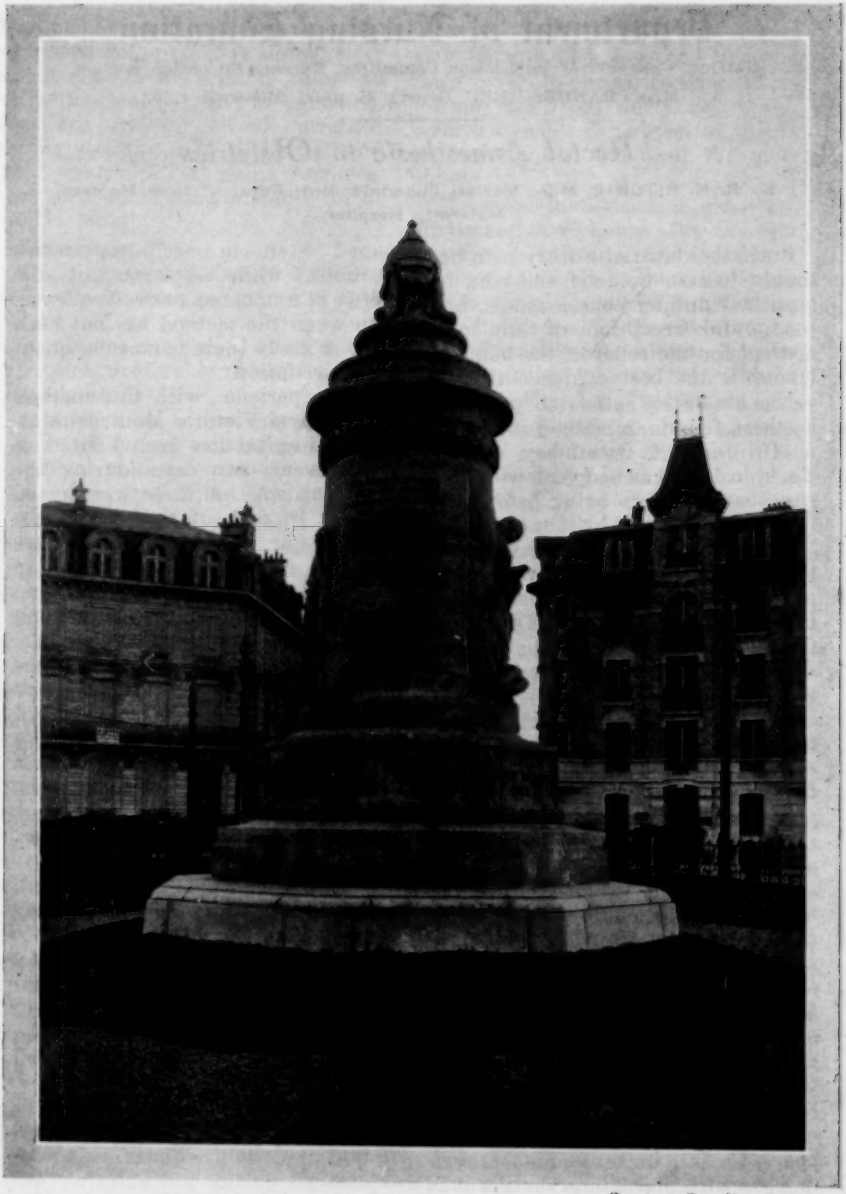
Eggs are poor in calcium but are otherwise very desirable and contain everything necessary for growth and maintenance. These are rich in the A and D vitamines. Eggs favour putrefactive processes and should be eaten with diets rich in carbohydrates which encourage the opposite —the fermentative. Like the seeds, the eggs of birds contain much vitamine B and would appear to be a provision of nature for growth.

The natural carbohydrates such as honey and maple sugars are poor in vitamines and are purely energy foods.

Sea foods such as oysters, crabs, clams, contain proportionately large glandular structures and have been shown to be of no little nutritive value. They are also of value as a source of iodine.

Recently, that is to say within the last ten years, considerable light has been thrown on the condition spoken of as allergy or hypersensitiveness to protein material. While this hypersensitiveness is directed against other protein, as those of pollen, animal dander and bacteria. in this paper I wish to mention briefly the one which is concerned with foodstuffs. Nearly everyone knows that the ingestion of strawberries, lobster, crab, shrimp, and also meat and eggs, may cause disagreeable and even serious symptoms in some people, whereas other people are able to eat any amount of these food stuffs without experiencing any such effect. The symp-

(Concluded on page 354)



—Courtesy Canadian Red Cross.

This monument has been erected at Rheims to commemorate the nurses who gave their lives in the Great War. The names of the nurses, including fifty-three Canadians, are preserved in the archives of the City of Rheims, in The Golden Book of Noble Women who died on the Field of Honour. On the base of the monument may be seen "Canada" among the nations whose devoted nurses are here immortalized.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss FRANCES REED, General Hospital, Montreal, P.Q.

Rectal Anaesthesia in Obstetrics

By R. N. RITCHIE, M.D., Medical Superintendent, Royal Victoria Montreal Maternity Hospital

Since the dawn of history man has sought to assuage grief and pain by means of dulling consciousness, and the joyful reception of any new method for the relief of the pains of labour is the best evidence that as yet no absolutely satisfactory method has been found. A method suggested by Dr. James T. Gwathmey, of New York, in 1923, has had such wide success that I wish to bring before you the results obtained by it at the Royal Victoria Montreal Maternity Hospital, and incidentally to say that the method owes much of its vogue to the clinical efforts of Dr. John O'Regan, a McGill graduate, now associated with the Lying-In Hospital in New York.

It is claimed for this method that it is satisfactory in 90 per cent. of all cases, that it can be used as satisfactorily in the home as in the hospital, and that it is inexpensive, especially when compared with gas-oxygen analgesia. It requires no special training to give either the necessary injections or instillations, and the constant attendance of a physician during its exhibition is not necessary. The drugs used have been tried out in other fields of medicine, and the method here advocated has been used during the past two years in 1,500 cases in the Lying-In Hospital in New York.

Its use is not contraindicated in heart disease, in toxaemia, or even in cases with placenta praevia, but is contraindicated when dealing with patients suffering from colitis, true diabetes, or subject to auditory disturbances. It is suggested that the ether is a factor in relaxing the perineum, and that labour is not prolonged even in occipito-posterior positions, while asphyxia of the foetus is not noted more frequently than when the method has not been used. Finally there is no subsequent rectal irritation.

Our experience with this method at the Royal Victoria Montreal Maternity Hospital has been limited to some seventy-two cases during the past year. All of these were primiparas. In fifty of these cases the method was an unqualified success both for the mother and child, in eleven the result was not quite so successful, while in the remaining eleven there was practically no success. In all but three of these cases labour terminated spontaneously, and the three exceptions were delivered by a low forceps operation. Six of the babies were apnoeic at birth but required no resuscitation; five required resuscitation, three of them being those delivered by the low forceps operation noted above.

It is suggested that the ease of administration and the great frequency of complete success with uniform absence of ill results, not to mention the cheapness of the materials involved, commends this method of anaesthesia for trial by the profession at large. The drugs required are:

1. Ampules containing 2 ccm. of sterile 50 per cent. solution of magnesium sulphate.—Four may be necessary.

2. Hypodermic tablets of morphine sulphate grs. 1/6.

3. A retention enema—
Quinine hydrobromate, 20 grs.
Alcohol, 3 drachms.
Ether, 2½ ozs.
Olive oil of good quality up to 4 ozs.

The alcohol and quinine are first mixed, then the ether is added, after which enough olive oil is added to make the total quantity as indicated. The mixture is stirred, strained through cotton into a bottle, and tightly corked. At room temperature this should remain stable for at least a month.

Apparatus:

1. Glass syringe to contain 5 ccm.
2. Needle for syringe; gauge 19; 1½" long.
3. Rubber catheter, size 20-22, French, preferable red rubber and fairly stiff.
4. A small glass connecting tube.
5. Five oz. funnel with a further 20" rubber tubing, with an artery clamp to control the flow.

Method of Administration.—When the patient is definitely in labour the usual soap suds enema is given. This must precede the rectal anaesthesia by at least two hours. With the cervix from 3-5 ccm. dilated and the pains regular, the first hypodermic, morphine grs. 1/6, together with 2 ccm. magnesium sulphate solution, may be given. The best time for this injection is during an actual pain. As the morphia is not readily soluble in the magnesium sulphate solution it should first be dissolved in sterile water, and this solution mixed in the syringe with the contents of one of the ampules. The site of the injection should be cleansed in the usual manner and the injection made deeply, not just under the skin.

After this injection the patient should be kept absolutely quiet. Cotton wool in the ears is advisable, and attendants should avoid loud talking or unnecessary disturbance of the patient, who under the most favourable circumstances will sleep, but requires watching lest during the contractions she should be unusually restless.

One hour after this injection, a further 2 ccm. of magnesium sulphate solution is injected, irrespective of whether the first has apparently acted as a sedative or no. This indeed may be repeated a second or even third time. In our series a second injection was given thirty times, and a third twice. The object of this is to prolong the action of the morphine.

The ether instillation is given approximately two hours after the first hypodermic injection, and should not be given too early as there is danger of retarding labour if it is given too soon, and indeed if the effect of the magnesium sulphate solution is sedative the injection may be withheld until this effect has almost worn off.

The bottle containing the mixture of ether and olive oil should be warmed to body temperature, then with the patient on her left side, the buttocks at the edge of the bed, vaseline should be applied freely in the region of the anus, so that if the ether is expelled there will be no burn. She should be advised not to bear down, but to breathe deeply with the mouth open, which will prevent expulsion of the solution, and also draw up with the sphincter as if to avoid expelling gas, which will induce reverse peristalsis and will permit the fluid to run in more readily.

When it is evident that the oil and ether are retained a third intramuscular injection of 2 ccm., 50 per cent. magnesium sulphate is given for the purpose of prolonging the action of the ether. Should the effect of this first instillation wear off and the patient complain of pain, a second or even third four ounces may be given at intervals of two and a half hours or more. Each of these is accompanied by an intramuscular injection of 2 ccm., 50 per cent. magnesium sulphate solution. One should not be misled, and this particularly in multiparas, by the quiet appearance of the patient, for though she is quiet, labour may be progressing rapidly, and constant supervision is essential.

The morphine is essentially quiet-

ing and relieves the pain. The ether is distinctly analgesic and undoubtedly helps to dissolve the quinine, which has an undoubted effect upon the intensity of the uterine contractions. Absorption of the quinine from the rectum is evident from the fact that after labour patients complain of buzzing in the ears, evidently due to its absorption. The olive oil prevents irritation of the rectum and allows slow, even evaporation of the ether at body temperature. The magnesium sulphate acts synergistically with the ether in producing analgesia and anaesthesia and also definitely prolongs the action of the ether and morphine. It causes paralysis without preceding excitation. The central nervous system is affected before the peripheral nerves, therefore pain and consciousness are affected first; much larger doses are required for paralysis of the motor nerve endings.

(The Canadian Medical Association Journal, 1926, XVI, 679-680.)

(Continued from page 350)

toms arising in certain individuals after eating the food stuffs mentioned may consist of vomiting, diarrhoea, skin eruptions, as eczema or urticaria, or respiratory conditions such as asthma or hay fever. A child can inherit or may develop, through its mother's milk, a state of sensitiveness to egg white or other proteins and such may manifest itself as a very obstinate eczema, or its mother may find on beginning cereal or giving her child its first meat meal that it has suddenly "broken out." Other examples are afforded by the children who cannot tolerate milk or have a vomiting spell or stomach upset after eating eggs or some common article of diet. It is obvious then, that there is limitless advantage in beginning new foods with caution and observing any untoward effect they may have, as a preventive measure.

In conclusion I want to mention the greatest food of all, sunlight. I have already referred to the fact that some breast milk, wholesome as we may think it, can cause serious structural disturbance and that it can be impregnated by some vital thing by exposure to sunlight which corrects this deficiency. The cod goes to northern climes for his six months sunbath and returns in winter loaded with vitamines for our infants.

You know how chlorophyl, the green colouring matter of plants, under the chemical action of sunlight can build up carbohydrates and materials for growth. Now may I state that an analagous process goes on in the human plant, where hemoglobin, the red colouring matter of animals, under the influence of the chemical or Ultra Violet rays of sunlight energizes large quantities of lime and phosphorus—otherwise often not utilizable — and brings about a happy state of metabolism so that disease is well resisted and all is harmony instead of chaos.

The effect of sunbaths on infants and children even where they are given for only fifteen minutes daily is astonishing, and healthier and happier children are the result. Are these baths not worth while?

Nutrition is not as complex a subject as one might gather from listening to this presentation. Throughout I have tried to stress the importance of a **natural diet,** particularly one which contains fruit, green vegetables, dairy products and meat. Add to these sunshine, and human growth is well assured.

(Note: Most of the foregoing has been extracted from McCollum and Simmons "The Newer Knowledge of Nutrition.")

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, P.Q.

Diabetics and Their Nursing Care

By EILEEN FLANAGAN, Royal Victoria Hospital, Montreal

Prevention: There are several ways in which a nurse may aid the work of preventing diabetes. Obesity has been proven to be a big factor in the susceptibility of a person to the disease; also worry and excessive mental effort, particularly in the young; therefore, any influence that can prevent these conditions occurring, or can relieve them when in existence, is a great help in the prevention of the disease.

Diet: A knowledge of dietetics is essential today for every well-trained nurse, and as many cases of obesity are due to over-eating, the nurse frequently can arrange a well-balanced diet for the people of this type with whom she comes in contact. When diabetes has established itself, the work of the nurse becomes very important indeed. In the first place, diet becomes the ruling factor in the patient's life, and he judges his nurse's ability and usefulness by the manner in which she can make his diet as nearly normal as possible. This requires extra effort on the part of the nurse, for she must know not only how to cook but must learn how to figure out the diets from the values given by the doctor, and to so vary the menu from day to day that the constancy of the values will not become tiresome to the patient. A little patience and practice makes this comparatively simple, and the pleasure given to the patient is the reward.

The next very necessary item of the nurse's duty is to instruct the patient as to the necessity of carefully adhering to the prescribed diet. She must never allow any latitude in the values ordered or the patient will soon take it upon himself to do likewise. The attitude of the nurse will set the standard of strictness or laxity in the matter of diet.

When looking after a diabetic patient while the severity of the case is being determined, it is necessary to have the intake and output of the patient recorded accurately each 24-hour period. This is not always easy to do, but it can be accomplished with greater efficiency if the co-operation of the patient is obtained. If the nurse will explain to him the importance of accurate determinations, there will be little difficulty, even with a patient of perhaps limited intelligence.

Physical Hygiene: Physical hygiene must play a great part in the life of a diabetic, and the necessity of it must be impressed upon these patients constantly. As they are peculiarly susceptible to infections they have to be warned about incurring them carelessly. They should pay especial attention to their teeth and to their feet. Gangrene of the feet is still very common, and in most cases follows careless cutting and paring of corns. Diabetics must be

taught in detail how to care for their feet, and in particular never to cut corns. The loss of limbs from diabetic gangrene is very frequent and entails a long illness, the person then becoming an economic problem; while in many cases death is the immediate result.

Moderate exercise is good for diabetics, as is evidenced by the increase in their tolerance after they leave hospital. Some patients find that they will have an insulin reaction following extra exertion, showing that exercise affects them considerably.

Proper rest and freedom from worry are essential factors in a diabetic's life. It has been demonstrated that a patient who is unhappy and discontented with his surroundings requires more insulin for the same diet than when he is put in a congenial atmosphere. Overwork, mental or physical, soon reacts detrimentally on a diabetic.

Acidosis: If there is one time in the life of a diabetic that he needs the services of a good nurse, it is when he develops an acidosis, and is on the way to coma. The essential points to remember are that the patient must remain in bed, be kept warm and have fluids forced. Liquids must be forced, insistently and continuously, by mouth if possible. The patient will not usually make any effort himself to take fluids, and the nurse must see that each cup of fluid is taken before she leaves the bedside.

Divide the quantity of fluids ordered into definite amounts to be given at definite times, and give it systematically. If the patient is unable to retain fluids by mouth, a gastric lavage will be necessary, and the fluids will be ordered to be given rectally, sub-cutaneously, or intravenously, until all vomiting has ceased. The bowels should be opened by enema. Temperatures should be taken by rectum. Glucose and insulin will be ordered by the doctor, and when the patient is not in hospital, if the nurse is able to examine urine for sugar and diacetic acid, it will be a great help to the doctor in determining the dose of insulin and the degree of acidosis.

Thoroughness, perseverance and accurate observation are necessary facts in the successful treatment of a patient in acidosis.

Insulin: Every nurse today should know what insulin is, how it acts, and the correct method of its administration. She should also know the symptoms and treatment of an overdose. These instructions may be obtained from the Connaught Laboratory, Toronto University. Every patient taking insulin should be taught to carry glucose powders with him at all times, and to have his name, address, and the fact that he is a diabetic written on the envelope. It has been found that the best results are obtained from insulin when the site of injection is frequently changed.

In conclusion, the nurse who will make a success of nursing a diabetic patient must make up her mind to put forth extra effort in the great feature of his life, his diet; must know how to prevent acidosis occurring from errors in diet and régime, and how to look after him when he develops it through some form of infection. She must know how to prevent gangrene of the feet and to treat it if it comes.

The nurse should be a teacher all the time: for the more the diabetic is able to control his own condition, the more satisfactory are the results. If the treatment is presented and carried out in a cheerful and encouraging manner, the patient is more disposed to try to make it a success, and, in this way, to help himself and his doctor to carry it through.

Refresher Course

A Refresher Course for private duty nurses will be held at Victoria Hospital, London, Ontario, from July 18th to 22nd, 1927. This course will be under the joint direction of the Extension Department of the University of Western Ontario and the Private Duty Section of the Registered Nurses Association of Ontario. Rooms may be procured at Victoria Hospital and St. Joseph's Hospital at a charge of $4, and meals at $1 per day (which may be had whether registrant is in residence or not). Applicants will please communicate not later than July 10th with Miss M. Jacobs, stating whether room and board or board only will be required. A local committee has been formed to look after rooms for those who are not able to be accommodated at either hospital.

Monday

2 to 5 p.m.—Registration. Fee $2.00.
8 p.m.—Reception at Victoria Hospital Nurses' Residence.

Tuesday

9 to 10 a.m.—Value of immunization and general discussion of the Schick and Dick Tests, with demonstration.—Dr. F. W. Hughes.
10 to 11 a.m.—Canada's Confederation.—Professor F. Landon.
11 to 12 a.m.—Surgical Lecture.—Dr. Busby.
2 to 5 p.m.—Excursion to Byron Sanatorium. Lecture: "Treatment of Tuberculosis in the Private Home."
Demonstration of Heliotherapy and Pneumotherapy treatment.
Tea.

Wednesday

9 to 11 a.m.—Some Metabolic Problems. Dr. E. Watson, Pathologist, Victoria Hospital, followed by Lecture and Demonstration on "Dietary and Diseases of Disturbed Metabolism. Miss L. Cody, Dietetic Dept., Victoria Hospital.
11 to 12 a.m.—"Story Telling and Reading Aloud."—Miss Ethel Teasdale.
2 to 5 p.m.—Excursion to Westminster Psychiatric Hospital. Psychology in the Sick Room, and Diversional Occupation as a Therapeutic Agent During the Convalescent Period. Exhibition Patients' Work.
Tea.

Thursday

9 to 10 a.m.—Dietetic Lecture: Infant Feedings.—Miss L. Cody.
10 to 11 a.m.—The Boundaries of Our Universe.—Professor Kingston.
11 to 12 a.m.—The Private Duty Nurse's Opportunity With the Mentally Deficient Child of the Community.—Dr. Horne, Westminster Hospital.
2 to 5 p.m.—Round Table on Private Duty Problems.
Drive Around City.
Reception at St. Joseph's Hospital.

Friday

10 to 11 a.m.—Obstetrics.—Dr. W. P. Tew.
11 to 12 a.m.—Heredity.—Professor Robertson.

What is a thought—a chemical reaction, an electric spark, a divine spirit? Since the dawn of his existence man has asked this question and today it is still unanswered. Yet it is the ability to take thought that distinguishes him "from the beast that perisheth," which has empowered him to harness earth and fire and water and to impose his will upon the wind, the tides and the stubborn forces of Nature. One thinking man or woman may set loose a thought that shall be immortal and hence for all time shall influence all who encounter it. It is the discoverer of truth—that one absolutely indestructible thing upon the earth; it measures the heat of distant stars and forecasts the procession of the planets; it places a yardstick upon the globe and the distant suns with equal facility and it solves the mysteries of life itself.

"No man by taking thought can add a cubit to his stature," but he can add to his mental breadth and to the welfare of his neighbour. To him who thinks, all things are possible, and to him who thinks and works, nothing shall be denied. How wonderful is this gift of thought. It enables man to cast his voice across the realm of space, and there indelibly to record it, to transport his body to the uttermost corners of the earth, to the depths of the sea and the heights of the air. It is the conqueror of disease, the alleviator of pain and the sure weapon of the weak. It is the divinest gift to man.

(The Modern Hospital, April, 1927.)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Social Problems of a School Child

By C. JEAN WALKER

Do you remember how the gentle Desdemona hung upon the words of Othello when he told of the storm and stress of his early life, and he, recounting, says:

"And often did beguile her of her tears,
When I did speak of some distressful strokes
That my youth suffered."

And she loved him for those distressful years.

Do you remember your own youth when, just as you seemed to be having no end of a bad time of it, some complacent adult assured you these were the best years of your life, and you felt depressed in the extreme?

And remembering these things, can you ever doubt that a child, awkward and uncontrolled physically, awkward and uncontrolled emotionally, meets the distressful strokes of his youth, sometimes victoriously; sometimes fighting a savage but losing battle against them; sometimes going down under them without even a fight?

There is an existing copy of a book entitled, "Counsel and Comfort for Godly Parents Afflicted with Ungodly Children," printed in 1695. If one may judge by the titles of current literature, children are still somewhat ungodly, and their parents much afflicted.

Our present civilization insists that parents shall be responsible for seeing that a child is fed, clothed, sheltered, cared for in sickness, amused and trained when in health. They may pass certain portions of these duties over to teachers, professional people and leaders of various kinds. The individuals may be conscientious and skilled, the combination harmonious, the plans apparently excellent. Why should the child receive any distressful strokes? All he has to do is to fit into the programme.

But that is just where the child's social problems come in: the problem of **fitting** into his place in society; which means he becomes both a contributor and a receiver, to the limit of his capacities, to the limit of his needs. One can do much for a child, but one cannot live for him; he must do that for himself.

Most of us have arrived at a rough estimate, and some skilled persons have arrived at more than a rough estimate, of the minimum of what one might reasonably expect of a child, of any given age, in the way of accomplishment, in physical growth, in mental development, and in happy social contacts. This estimate is based upon our observations of what children usually do accomplish, and observations of what life usually requires of them. A child who comes up to this standard, we are inclined to regard as a "normal" child, meaning, probably, that his life seems to have symmetry: no ugly excrescences, no glaring defects.

(An address delivered at the annual convention of the Ontario Educational Association, April, 1927.)

The sum total is a personality of which we approve. He is a happy child: that is, there is harmony in his inner life. He is a good child: that is, his instincts and impulses are well-regulated and directed. He is going to be a fine man some day! That is, he is meeting the total requirements of his life as they come to him.

On the contrary, there are those children, who, beginning life, as all must, with some equipment, physically and mentally, and finding themselves in certain environments, are unable to get a proper correlation among the powers and circumstances of this life. The result is a personality of which we do **not** approve, and we refer to the child as a sick child, a bumptious child, a delinquent, or a "young scamp," as the case may be.

Actually the conduct of **these** children is not isolated and distinct from normal conduct. Both normal and abnormal children, in order to live, must come in contact with people and things. There must be some response to these situations, as met. One child makes a happy encounter: he has been prepared for it by his natural and acquired equipment; he turns the encounter to his own advantage, is strengthened thereby and flourishes as a result. The other child, also seeking to meet life as it comes to him, unskilled, unguided, may select methods of doing so that destroy him and injure society.

If the majority of children can meet certain circumstances in their environment successfully: say the school curriculum, the play programme, the routine of a home, one is naturally favourably inclined toward this circumstance, and believes it to be a good thing to perpetuate.

But the occasional child fails. Why?

There is no answer in the present, or an easy adjustment could be made. One therefore feels the necessity of going back to those things which made up that child's life: to learn what physical, mental or environmental factors made it impossible for him to adjust himself to life as he meets it: an adjustment which he must make or be destroyed.

Old Aristotle, endeavouring to explain that the dramatis personae of a play do not do certain things in the play in order to exhibit their ready-made characters, says that it is **because** of what they go through that they are invested with character. Our modern school-boy agrees with him absolutely. If anything in our conduct impresses him as peculiar, he will turn upon us with, "Huh! How do you get that way?"

How, then, do our little misfits, our maladjusted children, our conduct problems, become such? What experiences did they go through that invested them with their present unhappy characters? How did they get that way?

If one can arrive at an understanding of the personality make-up of these children, one believes that the **wisdom** with which to deal with them will not be far behind.

In understanding conduct we are not so dependent upon those old standbys, "parental instinct" and "the experiences of a life-time in handling children," as we used to be. There is a steadily increasing body of scientific study available which we cannot afford to neglect, even as lay people.

For instance, the medical world is showing us the **organic** bases of habit —and hence of personality and conduct. They show us the important roles played by stature, muscular tone, the plasticity of the nervous system, and glandular activity.

Again, the psychologists and psychiatrists can estimate for us the mental endowment and mental

health of a child. We want a successful combination of traits. Too much of one characteristic marks the abnormal. It has been said, "We are only sane with a working majority of our forces."

The third group of forces which determine a child's habit system (in addition to physical and mental) comes from his environment. This is the field in which the nurse, the teacher, the recreational worker and the social worker find their spheres. It is through the close human contacts, which permit actual observation of behaviour; which permit these observations to be repeated frequently and over a long period of time, that it is possible to understand those factors, arising out of environment, which have entered into a child's self and caused his conflicts and his failures.

Civilization throws back upon the adults in the home, the school and the community in general the responsibility of seeing that every child has a reasonable chance of success in meeting his social problems: that is, of making happy social relationships, of winning and enjoying life.

There is a frequent lament that homes are not what they used to be. Undoubtedly they are not. Methods of marketing, cooking and housecleaning have changed—not necessarily for the worse either. Certainly the children in these homes will differ from children of an earlier era, coming from a different type of home. But even if all their vegetables come out of cans, all their handicrafts from "fads and frills" in the school curriculum, all their recreation from clubs and gymnasiums, all their religion from Sunday schools, they will remain part of a family unit, with a father and mother, and probably brothers and sisters.

The family remains the great school of personality. The child's behaviour, the way in which he will meet other human beings, the manner in which he will use the social resources outside his home, will be largely a **response** to his parents' behaviour, to his parents' personalities.

Unwanted, misunderstood children; children of too anxious parents, who do not respect their privacy, children of too efficient parents, who, doing everything themselves, giving the young no responsibility; children of inadequate or indifferent parents, who trust too much responsibilty on young shoulders: such children have no outlet for their young energy, for their emotions, but a premature flight into the adult world. We are shocked at what they will do. We are surprised on closer acquaintance to find they remain so innocent while remaining by no means inexperienced.

In a changing world, the unchanging responsibility of parents remains to achieve power over their own behaviour; to acquire power to direct their own emotions; and hence to use this power in forming the emotional growth of their children.

Juvenile courts and child guidance clinics almost invariably show a high percentage of delinquents coming from "broken homes," broken not by reason of death, but from unnatural causes. A survey made last year in St. Paul showed that the delinquency area was not the most densely populated one. (We who live in less crowded areas are snobbishly sure that the congested areas must be very bad indeed.) But rather the delinquency area was within the zones of transition: those districts where people live only a short time; those districts which one might call the area of instability. Workers with delinquents are accustomed to find that a large percentage comes from "good homes"; meaning usually those which are economically secure, and where the parents are strong

for respectability. They are also intrigued to see how often a genial slattern of a mother and an easy-going provider of a father can bring up a brood of dirty little ragamuffins without one of them coming to a bad end.

One is forced to the conclusion that, while it is highly desirable that parents should have a stock of useful knowledge about physical care, food, sleep, play, spending money, discipline, etcetera, it is **essential** that they have the right attitude of mind toward their children: respecting their personalities; recognizing and trusting the differences in children; loving them enough that they may furnish the emotional elements which their children need; loving them too much not to leave them alone once in a while.

One recalls a small, alert, energetic girl, who loved every kind of living thing except human beings. She seemed to feel that fish-worms, puppy-dogs, dairy-horses and one small girl had a bad time of it, in a world of exacting teachers and parents, teasing boys, and immaculate, perfectly correct younger sisters. The real situation, which a closer acquaintance revealed, was that her younger sister (diagnosed by a psychologist as a moron of stable type) was easy to live with. Once washed, dressed and set at a given task, she stayed put. She was never involved in controversy; she never made experiments; she was constantly held up as a model to her older, brighter sister. The latter, naturally—shall we say normally?—resented the comparison. She could not confine her active brain and muscle to her sister's dull life. Other girls might not like caterpillars, mice and alley-cats; she did.

It became necessary for her parents to go through a slow, painful process of changing their point of view, of learning to respect their daughter's unusual, but quite individual characteristics. She might be a little abnormal in this respect, but she required the more appreciation and guidance instead of criticism and restraint; of recognition that her world was a stage in which she alone could play her part.

Next to the home, the child spends its greatest number of hours in school; makes its greatest number of social adjustments there; receives the greatest number of influences affecting his habits, and hence his behaviour. Yet a school tends to regard a child as only one item in a large group, a possible help or hindrance, a source of satisfaction or dissatisfaction. in the carrying out of a complicated programme of instruction. If he interferes too much he becomes a delinquent. If the child's misconduct arises out of circumstances which he meets in his school life, it is surely the responsibility of the school to realize that the child's evident failure is also to some extent the school's failure: for the school is just **one** of the means of developing and adjusting a little individual to life.

The community also has its responsibility in providing environmental factors, which influence the emotional life of children. The community provides the schools, of whatever type they may be; the churches; the recreation centres, which take children out of their homes. It provides the streets where children walk and play; it provides the bill-boards and posters; the newspapers with their personal and public tragedies and scandals. It provides theatres, movies and playgrounds. It provides the innumerable stimuli of modern life—not all bad, by any means, but certainly the result of the standards and ideals of adults.

Take for instance the perverted and cheapened sex knowledge and appeal, or the exotic thrills of an

unnatural life, made through community sources to our boys and girls today. To counteract such an influence is about as easy as to teach a child to like rice pudding after living on a diet highly flavored with tabasco sauce. The responsibility for these things is not the child's, nor is it his parents', except in so far as they also—even as you and I—belong to an adult world that they have helped to create.

We all know that if a child fails to work out a problem of arithmetic, someone else may do it for him, and he is no farther ahead. So with his life problem: he must work it out himself; but it is the part of others to teach him the essential principles, help him to apply these, give guidance, patience and encouragement, give all those things which must come from without the child, which he may absorb and make his own, and turn to account in reaching his goal.

But if general practise is good, and individual cases go wrong, what then?

One recalls two little girls, both guilty of thefts. One was the shy, not very bright little daughter of a comfortable home. She stole money and articles that she might distribute largesse among her school friends and gain a little personal distinction thereby. The other girl was from a typically "poor" home, but she had the instincts of a financier. Having come into unlawful possession of a gold ring, she found it impossible to dispose of it. She had no particular love for the finery itself, so she took it back to the rightful owner, returning it with much weeping and repentance, and was rewarded with cakes, candies and words of praise for being a good girl. She is the same girl who, having been presented with a powder compact by an admirer, sold it, and (as she expressed it) bought something she could use. Nevertheless, compacts figure prominently among articles taken by feminine "first offenders."

The causes of theft, therefore, seem to be diverse, as the causes of other delinquencies, upon close acquaintance. If one can only cure by treating causes, one cannot find a panacea for delinquency.

One can, at least, become acquainted with a child: learn such facts of its physical condition as may have influenced habit; learn such facts of its mental condition as must be regarded: become familiar with the experiences and the responses to them in the family, the school, in play, in church, and how these experiences help or hinder the weak or strong spots in the child's initial equipment. We believe we shall come at last to those factors which, being manipulated correctly, will control the situation, which before was uncontrolled.

"John" had an outstanding dislike of his teacher. He seemed to delight to annoy her, and each success and the consequent notoriety among school-fellows increased his habit of making a nuisance of himself. At one time he would seem interested in lessons, taking an active and intelligent part in class work; then again he would fall back into sullenness and mischief. A chance remark of John's gave a new drift to matters. "Aw, teacher has a pick on us fellows at the back of the room. She thinks we can see the board just as easy as the ones at the front, and we can't." Certainly this was found to be true of John.

"Mary" was called temperamental. She seemed to be on the end of a see-saw, and was either very much up in the air or had come down to earth with a thump. The psychiatrist, somewhat alarmed about Mary, gave some valuable advice as to how to help Mary to adjust herself in a world that makes few allowances for temperaments. It was a social work-

er's task to find the means of carrying out the psychiatrist's advice, in terms of local resources. The final arrangements found Mary happy in work among the brilliant silks and gold lace of lampshades; sharing her leisure hours with a rough and tumble family of wholesome boys and girls, and achieving some distinction as pianist in a small orchestra. There was a niche for Mary after all. It was not the same size and shape as every other girl's, but with a little help she was able to find it.

It was difficult to think of "Margaret" as "incorrigible." Quiet-mannered, popular, loyal, she yet could harden her lovely eyes, and straighten the soft, full lips into a stubborn line. Her mother was dead, her father selfishly content in a new home, and Margaret was shamelessly "parked" with relatives in return for the required fee. Yet, in spite of the ensuing friction, she clung tenaciously, almost defiantly, to this home. Other girls "belonged" somewhere; she must too. But slowly Margaret came to the point of consenting to a new home with new friends: slowly she learned that one may "belong," even without ties of blood, if the understanding hearts are there; slowly the antagonism and hardness went out of her life, and the adjustment which allows for healthy, normal development was made.

One feels at this point that one must claim for this work in human relationships what Sir William Osler claimed for medicine, when he said, "We work by wit and not by witchcraft; and while these patients have our tenderest care, we should not bring the art of medicine into disrepute by quack-like promises to heal."

Remedial work must be largely individual, but the community approaches the problem of the maladjusted child largely through constructive and preventive measures. Much is being done in this way through recreation, education, technical training and medical care. When faced, however, with the problem of the maladjusted child, one also faces a difficulty in finding a place in these programmes for the child who is "different."

A morose, distorted little nature, suffering acutely in a home atmosphere of wrangling and conjugal unhappiness, is not so much in need of activities abroad as he is of peace at home, and of having his parents enticed into pursuits and social contacts which will provide some outlet for **their** emotional needs.

Club and group activities are frequently quite over the heads of certain children when they are placed with others of their own chronological age. This may be the result of poor mentality, or just of poor previous opportunity. They would be happy enough sharing and contributing among their own kind, where comparisons would not be odious.

The child who can find self-expression only through manual tasks is receiving attention in technical schools; but what of the boy who would cheerfully die rather than "speak a piece" on a platform or take part in dramatics? He would, however, love to design the scenery and work the electric lights. But the "work-shop" idea is slow in coming into our recreational field.

Above all, we would plead for a recognition that the development of the individual is the important thing, not a successful "show." We can get that from commercial places. We ask that ingenuity be directed to having our constructive activities sufficiently elastic, sufficiently diverse, that **all** those who need them may find they can take in them a contributing part. Interest comes out of contribution. There is no separating interest from a child's emotional life, and out of his emotional life comes his conduct.

The Conference on Nursing

It will be remembered by the members of the Canadian Nurses Association that the Council of the Canadian Medical Association at the annual meeting held in Victoria in 1926 appointed a committee to make a study of nursing conditions in Canada. The convener of this committee was Dr. A. T. Bazin, of Montreal. Through this committee the Canadian Medical Association became interested in the study of nursing and at the Conference of Medical Services of Canada held in Ottawa, March 29th, 1927, Dr. Stewart Cameron, of Peterborough, Ontario, was asked to give a paper on nursing for the consideration of the members of the conference. In this paper Dr. Cameron made a very clear and understanding presentation of many of the difficulties in nursing education and nursing service which have been familiar to nurses for many years. The Canadian Nurses Association was asked to send delegates to this conference to discuss the above paper and the Association was represented by the President (Miss Shaw) and Miss Jean Gunn of Toronto. In the discussion Miss Shaw and Miss Gunn outlined briefly the most outstanding problems in nursing education and nursing service from the standpoint of the public and the nurse herself.

In the general discussion by the members of the conference it was decided that some constructive action should be taken in an effort to secure accurate and detailed knowledge of nursing in Canada from the standpoint of the nurse, the doctor and the public which is served by both professions. The Conference of Medical Services is not an official organization and in that way had no authority to take further action. It was therefore decided to recommend to the Canadian Medical Association that a Conference on Nursing be held in Toronto in June of this year, this conference to include representation from the Canadian Medical Association, the Hospital Associations and the Canadian Nurses Association.

The Canadian Medical Association approved of this recommendation and arranged for the conference to be held in Toronto on June 14th, as the annual meeting of the Canadian Medical Association was being held at that time. The Canadian Nurses Association was asked to send twelve delegates to this conference, and the Executive Committee decided to ask each Provincial Association to appoint a representative, the remaining three being appointed directly by the Executive Committee.

At the conference on the afternoon of June 14th there were therefore present nurses representing the nursing groups in every province of Canada prepared to present the views of their group, and more especially to carry back reports which would enable those at home to appreciate the thoughts in the minds of those who had suggested the study and the varying shades of opinion presented at the conference, which very definitely indicated the need for the study suggested. The nurses present were:—

Miss Mabel Grey, representing British Columbia; Miss Auger, representing Alberta; Miss Elizabeth Smellie, representing Saskatchewan; Miss Elizabeth Russell, representing Manitoba; Miss Jean I. Gunn, representing Ontario; Miss Edith Hurley, representing Quebec; Miss Margaret Pringle, representing New Brunswick; Miss E. Kathleen Russell, representing Nova Scotia; Miss Edith Rayside, representing Prince Edward Island.

The additional representatives appointed by the Executive Committee were:

Miss Gertrude Bennett, Ottawa; Miss Helen Buck, Sherbrooke; Miss M. F. Hersey, Montreal.

The members of the Canadian Medical Association present were Dr. Bazin, of Montreal (chairman), Dr. G. Stewart Cameron of Peterborough, Drs. S. E. Moore, David Low and D. S. Johnstone of Regina, Drs. F. W. Marlow and Duncan Graham

of Toronto, and Dr. Ramsey of London. To what extent this group represented medical opinion throughout Canada is not known to the nursing group, but it was evident that a larger medical representation had been expected.

Dr. Bazin, as chairman of the conference, presented the situation as outlined above, grouping the varied questions under the general heading of "The Nursing Problem." Dr. Cameron was first asked to review his presentation of the nursing subject to the recent Conference on Medical Services in Ottawa, and that there might then be a definite subject for discussion. Dr. Cameron presented the following resolution:

"That it is the opinion of this conference that the study of the nursing problem should be conducted by the formation of a joint committee composed of the Canadian Medical Association, Canadian Nurses Association and the Provincial Hospital Associations."

In the discussion of this resolution many sides of the problem were indicated: first as to the scope of the study—was it a study of nursing education or of community needs?—i.e., a study of methods of training nurses and the results of such training, including the means which would make possible a nursing service to the community and yet at the same time place the nurse in a position of economic independence; or on the other hand, quite a different light was shed on the "nursing problem" by the suggestion that it was a study of the relation of the nursing profession to the medical profession, and that therefore the study should be made by representatives of the medical and nursing groups only. The majority of representatives present felt that as successful functioning of the nursing profession was of vital interest to the public, it was important that the public, as represented by a member of a hospital board, should have representation on this joint committee. The resolution was therefore passed.

The conference, upon recommendation of a committee of three nurses and three doctors, who retired to consider the question of the size of the committee and the skeleton outline of the study to be made, passed the following resolutions:—

(1) As to number and personnel of committee:

That the nucleus of this committee to outline and direct the study should be composed of seven members—three representatives from the Canadian Nurses Association, three representatives from the Canadian Medical Association, and one member from the Hospital Association of the province in which the committee will meet, and that the member from the Hospital Association should be a layman.

(2) As to the suggested general outline of the study:

1. Nursing education in all its aspects;
2. Nursing service to the community;
3. Supply and demand of nurses;
4. Relationship of the nurse to the medical profession.

It was made very clear that to this committee was assigned the task of formulating plans for the study and of preparing a budget, and that upon the approval of these plans by the two organizations, i.e., the Canadian Medical Association and the Canadian Nurses Association, this committee, possibly later enlarged as the need developed, will be responsible for the study. The members in conference were unanimous in the expression of opinion that the chairman of the committee should be appointed by the Canadian Medical Association and that the nucleus of this committee, as well as being small must also necessarily be selected from a limited section of Canada within easy reach of the chairman of the committee.

An executive meeting of the Canadian Nurses Association was then held on Wednesday evening to discuss the result of the afternoon conference.

All nursing delegates of the conference as well as the following members of the executive were present: Miss McKee, Miss Hamilton, Miss Carruthers, Miss Emory and Miss Cryderman. Miss Jean Browne also attended this meeting as the original representative for Prince Edward Island and who was replaced at the afternoon conference by Miss Rayside.

It was agreed that this study should be made, that it should be thoroughly and scientifically done and that it was the duty and privilege of the Canadian Nurses Association to contribute equally at least with the Canadian Medical Association in the cost of this proposed study. That this study would take time and money and could only be accomplished by each individual nurse feeling it her responsibility to help in every way possible.

The question of the appointment of three members to serve on this committee was discussed at length and finally decided that it would facilitate matters to have these members in a central place, and as it was learned that Dr. G. Stewart Cameron of Peterborough had been appointed chairman, three Ontario nursing members were appointed to serve: Miss Jean Gunn, Miss Kathleen Russell and Miss Jean Browne, and it was resolved that the following resolution be sent to the Canadian Medical Association:

That the Canadian Nurses Association express to the Canadian Medical Association the appreciation of the members of the Canadian Nurses Association for arranging the conference held June 14th, and that the Canadian Nurses Association will very gladly take part in the proposed study of nursing in conjunction with the Canadian Medical Association with the understanding that the study is made along scientific lines and that the expense of the study apart from any outside financial assistance is equally shared by the Canadian Nurses Association.

The Canadian Council on Child Welfare

By META HODGE

It was both an honour and a privilege to attend the 6th annual conference of the Canadian Council on Child Welfare as one of the representatives of the Canadian Nurses Association. A very complete and carefully prepared programme of speakers and papers was presented at the sessions which lasted five days—four taking place in Vancouver, May 23rd to 26th, and one in Victoria on May 27th. All phases of child welfare were represented, including an intensive survey on the care given dependent children in British Columbia.

I believe it is customary, in reporting proceedings of a conference, to start with the business part of the programme but as I wish to end on a more serious note I will begin by mentioning one or two of the important social functions arranged for the entertainment of the visitors.

The first was a most delightful drive and luncheon at the Capilano Canyon Hotel, North Vancouver, where the delegates were entertained most sumptuously by the council and municipality of that district, many prominent British Columbians taking part in the proceedings. The second was a civic banquet at the Hotel Vancouver on Thursday evening, May 26th; both functions were most delightful affairs, the hospitality of the Pacific Coast is proverbial. The only note of regret overheard was that there was not more time to enjoy the scenery for which British Columbia is famous.

The people of Victoria entertained the delegates in a most admirable way, combining business and pleasure, in arranging a drive over the scenic Malahat Road to the Queen Alexandra Solarium at Malahat Beach, over thirty miles from Victoria. It was a glorious outing as well as being an inspiration to see this wonderful Suncure Home for the care and cure of handicapped children.

In the short space at my disposal, it would be a difficult, if not an impossible task to attempt to touch on the many different items and thoughts suggested by the conference, and so I will confine my remarks to a few of the papers which

impressed me by their constructive and helpful suggestions.

In the health sessions, Miss A. Wells, of the Department of Public Health Nursing of Manitoba, presented a most carefully prepared paper on Provincial Infant Care; in fact it might have been entitled Dominion Infant Care, as Miss Wells touched on the work done in other provinces which gave one the impression that child welfare is really a national affair. Miss B. Hall, assistant superintendent of the Victorian Order of Nurses, stressed the importance of pre-natal and post-natal care of infants, and appealed to all to help educate young parents and prospective parents as to the importance of this phase of child welfare. In the education and recreation sessions many excellent ideas were presented which one could not help wishing could be heard by every teacher throughout the Dominion.

In the mental and social hygiene sessions, Judge L. Jamieson, Burnaby, B.C., gave a most careful and thoughtful paper on sex education. This paper dealt with that very vital question of "who shall educate the child in the facts of its being?" Judge Jamieson left no doubt that this is the duty of fathers and mothers and could not be undertaken outside the home. It would be well if Judge Jamieson's paper could be broadcasted throughout the length and breadth of the land.

Dr. C. M. Hincks, Toronto, Director of Canadian National Mental Hygiene, contributed much that was optimistic in regard to the problem of mental hygiene and this was followed by Dr. Sinclair, of Toronto, who gave a very brief but most vivid and constructive illustration, by moving pictures, of how many of the problems of our mentally handicapped could be solved by technical education in special schools, which would make this class self-supporting citizens rather than a drain on their communities.

Judge Frank A. E. Hamilton, of Winnipeg, gave one of the most outstanding papers of the conference. It covered not only the problem of the delinquent child but gave a generally constructive and helpful survey of all child life, and if the slogan which Judge Hamilton offered for all Canadian children could be put into practise, it would solve many of our difficulties in present day life.

Judge Hamilton's slogan was in effect "That Canada expects every child to be clean physically, mentally, morally and spiritually," and it is the duty of parents and teachers to do their utmost to bring this to pass.

The key note of the entire conference was that the first six years of the child's life are the most important, when habits and ideas are formed which influence the whole of its future development.

We are apt to overlook the fact that this is a great age of unprecedented progress and mechanical development which has robbed the people of some of the quieter and more deepening influences of home life, and the problems which have arisen are part of the price which we must pay for all these advancements. We must, therefore, through the home, school, church and community life endeavour to give back to the young citizen something of that which the age—and the war—has robbed them.

May I appeal to all nurses throughout Canada to help in this great work of educating the parents of the future. This, in the writer's opinion, would be the greatest tribute and honour which we could pay to the "Fathers of Confederation" in this our Diamond Jubilee Year.

In conclusion, may I suggest that if you are interested in any phase of the work, write Miss Charlotte Whitton, executive secretary, Canadian Council on Child Welfare, Plaza Building, Ottawa, who, I feel sure, will be glad to give you any further information you desire.

Annual Meeting of the Registered Nurses Association of Ontario

By MARY B. MILLMAN

The second annual meeting of the Registered Nurses Association was held in St. Catharines, May 25-28, with an attendance of about 275. Too much can not be said regarding the arrangements made by the nurses of St. Catharines, the site of the oldest training school for nurses in North America. The natural beauties of the Garden City were augmented by the additional attractiveness of the floral decorations of the meeting places. The regular sessions were held in the Queen Street Baptist Church and the large opening evening session in the spacious auditorium of the beautiful new collegiate. Luncheon was served daily in the main hall of St. Thomas' parish hall. Here also was held on Thursday evening the dinner given by the Alumnae Association of the Mack Training School and the Graduate Nurses Association of St. Catharines.

The business sessions were held on Wednesday morning and afternoon, and Friday and Saturday mornings. The meeting was opened by the invocation by the pastor of the Queen Street Baptist Church, after which the President, Miss Emory, read her address. This address was one well worth preserving. The theme was Our Professional Heritage, considered in terms of organization, opportunity and responsibility. One of the chief matters of business was the budget. Change in the original budget was required by the fact that the past year had plainly shown that the work of the secretary-treasurer is too heavy for a voluntary officer and that the budget must include an amount to pay a part-time officer. An amount not to exceed $900.00 was voted for the year 1927-28. This means a budget of $2.300, which requires a membership of 1,850 to finance it. Miss Scholey will continue to act as secretary-treasurer until a suitable successor is found by the Board of Directors.

The membership committee report was graphically illustrated by a chart showing the number of registered nurses in each district and the number of members in each. District 10 has the best record with a 50 per cent. membership. The present total membership of the Association is 1,178. The plan of leaving the greatest responsibility for membership on the district is to be continued for another year at least.

The reports of the standing and special committees indicated that a great deal of detailed and careful thought had been exercised by the various nurses concerned. The report of the Inter-relations Committee deserves particular mention, as it was a most comprehensive, detailed and suggestive report on the Study of the Welfare Problems of the Two Northern Districts. The information compiled and recommendations offered are to be forwarded to the Red Cross, the Board of Education, Department of Health, Victorian Order of Nurses, etc.

As the result of a resolution forwarded by District 4 the legislation committee was asked to take up the question of the possibilities of a nurses' pension on a similar basis to the teachers' pension.

It was decided that each district be asked to form an auxiliary committee composed of nurses who are not actively engaged in nursing, who may help the other sections and may also maintain the interest of non-practicing nurses who failed to register. In the event of three or more districts forming such a committee, a provincial convener will be appointed.

Miss Jean I. Gunn was appointed representative from the Association to the conference called by the Canadian Medical Association and the Canadian Hospitals Association to consider nursing questions, to be held in June.

The reports of the nine District Associations showed a great deal of activity in each district. The programmes of meetings were chiefly of an educative type, and the attendance was on the whole splendid. The report of District 9 was very interesting. The distances between centres makes organization very difficult, but this district has plans with which to meet this problem. District 10 reports that almost all its membership is confined to Fort William and Port Arthur, as the other nurses in the district are chiefly Manitoba graduates and prefer to affiliate with that province. These reports demonstrated without doubt that the plan of district associations is very sound, and that the strength of the provincial association will therefore be greatly increased. It was decided that for the coming year, in the event of the regular representative to the Board of Directors being unable to attend a board meeting, a substitute might be appointed, in order that the district may not lose touch with the association as a whole.

A committee was appointed to study the question of a motto for the association.

The place of next meeting is to be Chatham, the meeting to be held sometime in April. The same officers were re-elected.

At the open meeting on Wednesday evening, addresses of welcome were given by the mayor, the secretary of the board, the chief of the medical staff, and the superintendent of the St. Catharines General Hospital. Miss Emory responded. A delightful musical programme was provided by the St. Catharines Orchestra. Miss Jean E. Browne then gave Some Observations on Public Health from an International Point of View. Touching on the various plans adopted in different countries, she emphasized the fact that a hard and fast plan for all places is impossible and that each community must adopt the plan best suited to its needs. Mention was made of the work of the Junior Red Cross the world over where the children are "consciously practicing those rules of health about which we older people theorize."

Dr. Helen R. Y. Reid, of Montreal, spoke on the Contribution of the Layworker to Nursing Service. There should be team play between layman and professional. Boards should not be just to raise funds, but to work hand-in-hand with the professional worker. The nurse needs to have community consciousness. Those in public health have perhaps realized this more than those in nursing education, although there are as many ways for the layman to help in hospital work as in the public health field.

Dr. Sutton, representative from the Ontario Medical Association, speaking on The Private Physician and the Private Duty Nurse as Health Workers, said that the opportunities for these two are very great, that they should talk shop judiciously to their patients. They should educate them to avoid illness, to help parents to teach their children regarding sex matters, so that they may stand on their own feet. No one has a closer contact with the family than the private duty nurse and the private physician and their opportunities for teaching are manifold.

At the open session on Friday evening, Miss Julia Stewart gave a most interesting account of the Inception and Development of the Graduate Nurses Association of Ontario. Then followed papers on the Trends in Nursing in Ontario:

Miss Beatrice L. Ellis spoke from the point of view of nursing education. She mentioned the improvement in residences, demonstration rooms, etc.; the increase in the number of schools having preliminary courses; that the standard curriculum is being followed in most schools. She spoke of the increasing demands on the nursing staff in regard to teaching the students and of the very small number of qualified instructors, and deplored the tendency of the hospitals to forget that the student nurse is a student and not merely an economic means of service to the patient. The plan of the new four years' course at the Toronto General Hospital and the Department of Public Health Nursing at the University of Toronto was outlined.

Miss Helen Carruthers spoke on private duty nursing. It is the invalid and not the sick person who complains of the nurse's service, but still there are some grounds for complaint and the nurse must try to find some remedy. The doctors seem to be making increasing demands on the nurse, for specialization in medicine means specialization in nursing. Refresher courses are helping in this. The speaker urged attention to the problem of meeting the needs of the middle class.

Miss Eunice Dyke spoke on public health nursing trends, stating that it is hard to get a true report of the trends in Ontario. It is the teaching emphasis in public health nursing which distinguishes this group from the nurses in hospital and private duty. Need of supplementary training is shown and employers should be aware of this. At first public health was for the poor; it is now for all classes. The public health nurse enlists others in aid of her patients—teachers, social workers, etc. The influence of the public health movement is beginning to show in the curriculum of the schools of nursing.

Miss Jean I. Gunn summed up the three foregoing papers. She said that until boards of trustees considered the student nurse from the standpoint of a student and not from the standpoint of the care of the patient, the trend of nursing education will remain much the same. She mentioned the shortage of nurse instructors, hourly nursing, and the responsibility of all nurses for health teaching. The lack of understanding of the public is partly due to lack of vision in our own ranks.

The three sections met on Thursday:

The Nursing Education Section met, with Miss McKee in the chair. The reports of the committees on the study of lecture courses for nurses and the course for instructors at the University of Toronto were read and discussed. Miss Munn gave a very illuminating report of the result of the provincial examinations, with a tabulation of the failures, subject by subject. It was recommended that this information be sent to the superintendents of all the schools of nursing. Miss Meiklejohn reported on ways in which high school pupils could be reached in order to put before them the opportunities offered in nursing. It was recommended that each district form a committee to consider this locally. Miss Kathleen Russell gave a paper on Teaching of Health Interests to Hospital Pupil

Nurses. Discussion on case records was led by Miss Gunn, and on case studies by Miss Katherine Scott. The officers were re-elected: Chairman, Miss Muriel McKee, Brantford; vice-chairman, Miss Grace M. Fairley, Toronto; secretary, Miss Ritchie, Petrolea.

The Private Duty Section met under the chairmanship of Miss Helen Carruthers. It was reported that there are still five hospitals in Ontario which have not adopted the 11 or 12 hour duty. It was recommended that these be again circularized. These hospitals reported that the difficulty was due to some of the doctors and nurses. The refresher course will be held this summer at Western University, London. The election of officers resulted as follows: Chairman, Miss Helen Carruthers; vice-chairman, Miss Isabel McIntosh; secretary, Miss Clara Brown, Toronto.

The Public Health Section in the morning held its business session, with Miss Dyke in the chair, and then had a remarkably clever demonstration of the possibility of health teaching by the bedside nurse, acted by three members of the Victorian Order of Nurses. In the afternoon Miss Janet Neilson of Toronto spoke on the pioneer public health nurse in urban and rural centres in Ontario. Dr. Phair, of the Provincial Department of Health, spoke on Present Need of Nurses. It was decided later to ask the Department of Health to send the figures in this paper to all superintendents of schools of nursing. The topic, The Preparation of the Worker, was discussed by Miss Harriet Meiklejohn and Dr. H. C. Cruickshank, medical director of the Manufacturers' Life Insurance Co. Both emphasized the fact that health attitudes must be taught throughout the training in the hospital school, that personal hygiene or physiology in the largest sense should be considered, that the nurse must have preventive as well as curative knowledge. Health workers need the sympathetic understanding of all nurses. Discussion re ways and means of increasing the number of nurses taking public health nursing courses followed. It was felt that the co-operation of the Nursing Education group was most urgently needed. Therefore it was recommended to the Board of Directors that a joint round-table be arranged for next year's programme.

Each section appointed two members to act under the convenership of Miss Ethel Cryderman to study the part nurses may play in the reduction of maternal mortality. This committee was appointed as a result of a recommendation sent forward from District 5.

Friday afternoon a round table on Parliamentary Procedure was held. The students of the Mack Training School gave a demonstration of a correctly conducted meeting, after which followed discussion of various debatable points.

The convention was not just merely business and educational meetings. The meetings were unhurried and there was time for gossip with old and new friends between sessions. On Wednesday the Ladies' Aid of the St. Catharines General Hospital entertained the association at high tea on the lovely lawn of the new Leonard Nurses' Home. On Thursday a dinner was given, as mentioned before, by the nurses of St. Catharines. The decorations of flowers, candles and tiny boxes of candy all carried out the colours of the Mack Training School, purple and gold. The purple and gold menus had a picture of the first class graduating in Canada. Dr. Greenwood, a pioneer member of the medical staff of the hospital, and Miss Dickson, past president of the R.N.A.O., spoke. After dinner, as guests of the Lions and Rotary Clubs, and of private citizens, the association was motored to see the illumination of Niagara Falls.

The whole meeting was a most satisfying one: the numbers present, the quality of the reports and addresses, and the chance to meet one another amidst such delightful surroundings, made the meeting one that should make a deep impression on all present and make for a decided strengthening of the association.

A GLORIOUS PRIVILEGE

It is a glorious privilege, to live, to know, to act, to listen, to behold, to love. To look up at the blue summer sky; to see the sun sink slowly beyond the line of the horizon; to watch the worlds come twinkling into view, first one by one, then the myriads that no man can count, and, lo! the universe is white with them; and you and I are here.—Marco Morrow.

News Notes

ALBERTA

CALGARY

On June 7th seventeen graduates, class 1927, of the Holy Cross Hospital School for Nurses received their diplomas and class pins before a capacity audience at the Al Azhar Temple. Dr. E. J. Madden was chairman for the evening, and Dr. McGuffin addressed the graduating class. His Worship Mayor F. E. Osborne presented the class pins and the Right Rev. Bishop Kidd handed the new graduates their diplomas, adding his sincere congratulations to those of the other distinguished guests on the platform. A delightful programme of music formed part of the proceedings. The graduating class includes: Misses Freda Marguerite Heacock, Eva Marie Clark, Olive Palmer Goodwin, Alice Marie Short, Katherine Popson, Ellen Margaret Weirt., Irene Jackson, Alice May Copley, Thelma Eileen Williams, Mary Selina Haslam, Blanche Alberta Adams, Marie Audrey Bonser, Alice Marie Gazeley, Maud Adam, Flora Mae McLeod, Doretta Mathieu, Mildred Matkin.

The private duty section of the Calgary Association of Graduate Nurses met in the Y.M.C.A. parlours on May 31st, with a small attendance, owing to the nurses being busy.

Mrs. J. Shearer recently entertained the Overseas Nurses Club at her home.

Miss T. Ackland is spending the summer months in Seattle, the guest of her uncle. Miss H. Ash is spending holidays with her brother in Edmonton, and Miss von Grueniger is holidaying with her sister at Bon Accord.

EDMONTON

Miss Smiley (Victoria General Hospital, Halifax), of the University Hospital staff, has been appointed assistant superintendent.

Miss Doreen Wood (University Hospital, 1926) has been granted three months' leave of absence and left for Europe on June 1st.

Miss Winnifred Galley (Royal Alexandra Hospital, 1923), who has been in charge of the St. Centralia General Hospital, Washington, has accepted a position on the staff of the Isolation Hospital, Edmonton.

Miss Annie Young (Royal Alexandra Hospital, 1920), who has been in charge of the operating room in St. Centralia General Hospital, Washington, is spending the summer in Honolulu.

Miss Conroy has resigned from the position of matron of the Provincial Training School, Red Deer, and is now relieving Miss Emerson in the Baby Clinic.

Miss Alice Olds (Toronto General Hospital) has two months' leave of absence from her duties as night supervisor of the Sick Children's Hospital, Winnipeg, and is visiting her sister and friends in Edmonton.

BRITISH COLUMBIA

Miss E. M. Haines, who has been on the staff of the hospital at Penticton, B.C., for several years, is now matron of the General Hospital at Stewart, B.C.

MANITOBA

BRANDON

The graduating exercises of the Brandon General Hospital School for Nurses were held on the evening of May 19th in St. Paul's Church, which was filled to over-flowing with friends of the graduates and hospital. Mr. R. Darrach, president of the board, presided. Following a short address by Dr. Matheson and some musical items, eighteen nurses received their diplomas and pins. In his address Bishop Thomas impressed upon the graduates the necessity for a nurse to be optimistic and cheerful in spite of depressing surroundings. The following nurses received diplomas: Misses Dorothy Longley, Fleda Simpson, Jessie Elliott, Edna Curtis, Marion Miller, Clara Stevenson, Mary Switzer, Irene Miller, Roberta Cochrane, Minnie Young, Christina Macdonald, Joy McCulloch, Cora Sanderson, Alice Leitch, Gladys Duncan, Teresa Rogers, Annie Chatham, Violet Kirbyson. Miss C. Macdonald received the gold medal, Miss Teresa Rogers the silver medal, and Miss Joy McCulloch the bronze medal. Miss C. Macdonald also won the prize for general proficiency and Miss T. Rogers the E. and E. prize. The prize for obstetrics was awarded to Miss D. Longley. In the intermediate year Miss B. Goadmundson received honours, while Miss Gertrude Birtles carried off the junior year prize. After the exercises in the church a reception was held in the nurses' home.

The Assembly Hall of the Mental Hospital was crowded with friends of the graduates and citizens of Brandon on the evening of June 1st, when the graduation exercises took place. Short addresses were given by Drs. Baragar and Mathers, and visitors on the platform were Drs. Penticost and McFayden, of Toronto, who were in the city at the time. The Very Rev. Archdeacon McElheran, of Winnipeg, gave a very splendid address to the graduates.

The following graduated in mental nursing: the Misses Dora Muir, Elsa Mosher, Alice Spiers, Edith Henry, Edith Barr, Eva Cooper, Bernice Cassan, Nora Lilliphant, Florence Bromley, Hilma Hornfelt, Phyllis Smithard, Evelyn Mackenzie, Dorothy Grant, Margaret Weir, Edna Purvis, Anna Hill, Evelyn Hicks. Graduates in mental and general nursing were: Misses Pearl McRann and Alberta Hicks. The graduation exercises were followed by a reception in the nurses' home.

Miss Catherine Lynch, Winnipeg General Hospital, has accepted the position of superintendent of nurses at the Brandon Mental Hospital.

Miss M. Walker, Brandon General Hospital, 1926, has a position in the Bigelow Clinic.

Miss N. O'Shaughnessy expects to spend the month of July at her home in Peterboro.

The Brandon Graduate Nurses' Association met recently at the home of the president, Mrs. Miller. During the evening Miss Nora O'Shaughnessy was presented with a suit case prior to her leaving for Winnipeg, where she has been transferred under the Provincial Board of Health.

WINNIPEG

St. Boniface Hospital

Miss C. M. Wright, 1924, has resigned from the staff of the Shriners' Hospital and has accepted a position with the Metropolitan Life Insurance Company.

The many friends of Miss Theresa O'Rourke will be pleased to hear that she is making a satisfactory recovery after her recent operation at St. Boniface Hospital.

Mrs. A. T. McNeil (Jessie Stirling), of Brandon, was a recent visitor in the city.

Miss Bertha Patterson is now in charge of the Maternity Ward of St. Boniface Hospital.

Mrs. J. R. Hall (nee M. MacPherson) spent the Easter holidays with her mother at Kamloops, B.C.

Miss Isabel Downing, 1926, has accepted a position on the staff of the Outdoor Department, St. Boniface Hospital.

NEW BRUNSWICK

SAINT JOHN

Much sympathy is extended to Miss Jane Throne, 1926, in her recent bereavement, by the death of her father, and to Mr. and Mrs. Harvey Ellis in the loss of their infant twin sons.

Miss Mabel Ryan, V.O.N., is convalescing, having been a patient in the G.P.H.

Friends of Miss Mary Clark are welcoming her among them after her recent illness.

NOVA SCOTIA

HALIFAX

A Refresher Course for Graduate Nurses is being planned for the week of July 18th. This course is being given by Dalhousie University in co-operation with the Registered Nurses Association of Nova Scotia and Halifax hospitals.

Efforts are being made to make it of general appeal so that all nurses will be interested whatever their field of work. Lectures will be given by doctors, nurses, a nutritionist and others, together with demonstrations and observation work.

Thirty-eight nurses, including one male nurse, wrote the examinations for Registration in May.

Miss I. M. Jones, of Toronto, has been appointed to the position of Assistant Superintendent of Nurses at the Victoria General Hospital, Halifax, N.S.

On May 13th the Halifax Branch of the Registered Nurses Association of Nova Scotia had the pleasure of entertaining Miss Jean Browne at a reception given in her honour at the Women's Council House. During the evening Miss Browne delighted her hearers with a talk about her visits to the hospitals of Europe, and speaking of the enthusiasm and earnestness of nurses, many of whom are recruited from the aristocracy, especially in Austria and Hungary, who are working for a meagre remuneration. Altogether, a most graphic description of how difficulties are courageously met and cheerfully borne by these brave women in the war-worn southern European countries, and how efficiently the northern countries are caring for the health and sickness of their people. A musical programme, vocal and instrumental, which music-loving Haligonians well know how to appreciate, was part of the evening's programme.

ONTARIO

BRANTFORD

Seventeen graduates of the Brantford General Hospital received their diplomas and prizes on the afternoon of June 4th, in the assembly hall of the Collegiate Institute. The platform, which was prettily decorated with palms and ferns, was occupied by the governors of the hospital and those participating in the programme. The Rev. J. Y. Mackinnon, of Zion Church, offered an eloquent invocation. The opening remarks of the chairman, Mr. F. D. Reville, were followed by an address by Dr. Gordon M. Hanna, chairman of the medical staff of the hospital, who conveyed the congratulations of his confreres to the graduates in a most happy manner. Miss M. E. McKee, superintendent of the hospital, submitted a very comprehensive and interesting annual report of the school for nursing.

In the course of her very interesting address Miss McKee laid great stress on the need there is for nurses with special training as instructors in schools of nursing, stating that there are four thousand nurses in training in Ontario at the present time, that the number of graduates employed in hospitals is 510, only ten of whom had had special training in teaching: one of the ten being on the staff of the Brantford General Hospital. Sir Robert Falconer, president of Toronto University, in his address to the graduates was in characteristically happy mood in his opening remarks that attended his congratulations to the nurses, but in the main his address assumed the impressively earnest exhortation that proved most suitable on such a momentous occasion. As a parting admonition Sir Robert advised: "When you start out, let me urge you to maintain your standards already acquired; they are the ideals that have been set before you showing you how you should nurse. I advise you to keep them." School pins and diplomas were presented by Mrs. J. A. D. Slemin. Prizes and scholarships were awarded as follows:

Scholarship by Woman's Hospital Aid, first general proficiency, Miss Ada Blackwell, presented by Miss Mary Colter, president.

Scholarship by South Brant Women's Institute, second general proficiency, Miss Hilda Booth, presented by Mrs. A. P. Disher, president.

Scholarship by Maude Macdonald Chapter, Imperial Order Daughters of the Empire, for excellent practical and executive work, Miss Euretta Graham, presented by Mrs. G. Webster and Miss Madge Monohan, educational secretary.

Scholarship, highest standing for obstetrical examination, given by T. H. Bier, M.B., Miss Ada Blackwell, presented by the donor.

Presentation of hypodermic syringes to the graduating class, given by the intermediate class of the School of Nursing, by E. R. Secord.

Memorial scholarship for Mrs. J. J. Hurley, first general proficiency in intermediate year, Miss Minnie Brown, presented by Mrs. E. Lorne Millar.

First prize for general proficiency in the junior year, given by Miss E. M. McKee, Miss Jessie McGregor.

The graduates are: Mabel Faskin, Hilda Dorothy Muir, Helen Grace Turnbull, Marion Natalie Lockman, Madeline Maude Smith, Mary Merea Hammond, Marjorie Evelyn Mann, Helen Rutherford Holbrooke, Hilda Booth, Nellie Yardley, Ada May Blackwell, Muriel May Nichol, Jessie Emily Arnold, Annie Dorothy Muma, Reta Martyn Hockin, Helen May Ion, Leila Euretta Graham.

At the close of the proceedings there was a recessional march to the gymnasium where dainty refreshments were served to the hundreds of guests, members of the Junior Hospital Aid proving most attentive waitresses.

The graduating class of the Brantford General Hospital were guests on the evening of June 6th of the Alumnae Association at a dinner and dance. The members of the staff were also guests, and the remainder of the seventy-five participating were all graduates of the same training school. This successful event took place at the Brantford Golf and Country Club, effectively decorated for the occasion in blue and white, the school colours. Mrs. Millard ably acted as toast mistress in connection with the following programme: The King, proposed by Miss K. Charnley: response, the National Anthem: the president's address to the graduating class, by Miss J. Wilson: response by Miss Hilda Booth, president of the Student Government Association; Our Training School, proposed by Miss Edith Jones: response by Miss E. M. McKee; Absent Members, by Miss M. McCormick; response by Miss Audrey Slater. Letters of regret with reference to inability to be present were read from many. Later in the evening many guests arrived to enjoy the dancing. The entire affair proved thoroughly enjoyable and served the two-fold purpose of entertaining the graduating class and arranging a happy reunion of graduates.

Miss Edna Clark, 1926, is on the staff of the V.O.N., St. Catharines, temporarily.

Miss A. Jenkins and Miss V. Hopkins have returned from Cambridge, N.Y., and are doing private duty nursing in Brantford.

Miss Jean Inglehart, 1924, has returned from Detroit and is doing private nursing.

Miss M. Williams, 1925, has returned from New York and has accepted a staff position in the Women's College Hospital, Toronto.

Miss Dora Arnold, 1925, is now operating room supervisor, Brantford General Hospital.

On Hospital Day the largest crowd ever recorded assembled at the General Hospital. From 2 to 5.30 a constant stream of citizens invaded the various departments of the hospital. In the nurses' residence the members of the Women's Hospital Aid held their annual reunion and extended hospitality to the vast concourse of visitors, who were received at the entrance to the reception room by Miss M. Colter, president of the W.H.A., and Miss E. M. McKee, superintendent of the hospital. Refreshments were continually served from tables graced with silver and flowers by members of the W.H.A., members of the Junior Hospital Aid acting as waitresses.

HAMILTON

Hamilton General Hospital

The Alumnae Association of the Hamilton General Hospital gave its annual dinner at the Arcade Rose Tea Room on the evening of June 2nd, several hundred nurses being present. The guests of the evening were the graduating class of 1927. An interesting feature of the occasion was the presence of Miss Jean Browne, National Director, Junior Red Cross, who gave a very eloquent and inspiring address. The guests were received by Miss Rayside (superintendent of nurses, Hamilton General Hospital), Miss Jean Soutar, president of the Alumnae Association, and Miss Eva Hulek, vice-president. The usual toasts were given and Miss Charlotte Curran pleased all with two delightful solos. A note of regret was sounded when Miss Sabine rose to speak of the forthcoming departure of Miss Holt, assistant superintendent H.G.H., who will leave shortly to assume the duties of superintendent of the training school, Montreal General Hospital, of which she is a graduate. During her all too short a stay of two years at the Hamilton General Hospital Miss Holt has won all hearts, and in her address Miss Sabine expressed the deep regret felt by all at her departure. At the close of her address Miss Sabine presented Miss Holt with a silver basket filled with yellow roses and pink sweet peas.

The 37th annual graduation exercises of the Hamilton General Hospital Training School were held on June 3rd in a large marquee on the beautiful lawn of the hospital and were attended by over 1200 relatives and friends. Sixty-three nurses received their medals and diplomas, scholarships and prizes being awarded as follows: Hospital Board University Scholarship, to Miss Mary E. Ross and Miss Elma J. McKelvey; the Emma F. Pratt scholarship for general proficiency—Miss Ruby G. Ratz; the Mary McLaren House scholarship for general proficiency—Mrs. Hazel Cober; prize for highest standing in obstetrical nursing and examination, given by Dr. D. G. McIlwraith—Miss Dorothy McBain; prize for highest standing in surgical nursing and technique, given by Dr. John Parry—Miss Ethel L. Hudson; prize for efficiency in bedside nursing, given by Dr. F. B. Mowbray—Miss Janet B. Murray; prize for highest standing in medical nursing and examination given by Dr. Fforde McLoghlin—Miss Margaret Macdonald; special prize awarded by the staff nurses—Miss Ruby G. Ratz.

St. Joseph's Hospital

The graduation exercises of the Training School for Nurses, St. Joseph's Hospital, were held in the auditorium of the nurses' residence of the hospital, and twenty student nurses received their diplomas. The platform and window-sills were decorated with masses of beautiful flowers, gifts to the nurses from their friends and relatives. The large audience overflowed the auditorium and about one hundred people watched the proceedings through the windows. A big Union Jack was draped behind the nurses on the platform and flags of the Empire were arranged throughout the hall. Dr. L. Hess, chairman of the medical staff of the hospital, was chairman for the evening, and Bishop McNally distributed the diplomas and medals to the following graduates: Sister Monica, Mildred K. Hayes, Cecily M. McIntyre, Louise M. McElhone, Lily May Barber, Teresa M. Scanlon, Margaret J. O'Heir, Evelyn M. Jackson, Mary L. Dearsley, Dorothy E. Ryan, Catherine O'Farrell, Dorothy B. Hayes, Edith R. Pullar, Eileen V. McLoughlin, Ethel C. Kelly, Patricia M. McDermott, Florence M. Carroll, Gertrude M. Fagan, Margaret Hurd, Florence Goetz.

Miss Dorothy Hayes won the prize for general proficiency given by Dr. William Downes and presented by Bishop McNally. Miss Teresa Scanlon won the prize for surgical nursing and technique, given by Dr. J. R. Parry and presented by Mrs. Parry; Miss Ethel Kelly the prize for highest standing in medical examination, given by Dr. Playfair and presented by Controller Peebles, and Miss Catharine O'Farrell won the prize for medical nursing, given by Corbett-Cowley and presented by Mrs. Treleaven.

Controller Peebles and Dr. Sullivan addressed the graduates, and a brilliant valedictory address was delivered by Miss Florence Goetz. The nurses provided a large share of the entertainment programme which preceded the distribution of diplomas. Refreshments were served afterwards in the residence and on the beautiful lawns of the home, gay with Japanese lanterns.

Miss Elizabeth Regan, recently on the staff of Queen Alexandra Sanatorium, has accepted a position on the staff of St. Joseph's Hospital, as instructress of nurses. Miss Regan has had several years' experience as instructress of nurses, is a graduate of the Public Health Course, Western University, London, Ont., and has a record of four years' service overseas.

SAULT STE. MARIE

The 1927 graduating class of the General Hospital were pleasantly entertained at a dance in the Canadian Legion Hall on the evening of May 5th by the Alumnae Association. The guests were received by Dr. and Mrs. J. H. Duncan, Dr. and Mrs. Alexander Sinclair, and Miss M. Delaney, past president of the Alumnae

Association. Following a delightful dance programme refreshments were served, under the convenership of Miss A. Camirand.

On May 12th the graduating exercises of the General Hospital were held in the Canadian Legion Hall. The chair was occupied by the Rev. J. R. McLean, and the programme included addresses by Dr. J. R. McRae and the Rev. Father Weaver.

The 1927 class includes: Misses V. Mulligan, R. Walker, M. Horricks, M. Donlan, C. Kelly, P. Cantara, C. Nephin, G. Lemieux, I. Quinlan.

TORONTO

Hospital for Sick Children

A very delightful reunion dinner in honour of the graduating class of 1927 was held at the Nurses' Residence of the Hospital for Sick Children on Saturday, May 21st, at 7.30 p.m. The big reception room was used for the occasion and presented a very festive appearance, with the gaily decorated tables, which stretched out to the sunroom to accommodate the many guests and graduates, old and new, who were present that evening. At the head table were the thirty new graduates, in their uniforms; also Mrs. Langford, the president of the Alumnae; Miss Florence Potts, who for so many years was superintendent of the H.S.C.; Miss Kinder, formerly assistant superintendent; Miss Edgar and Miss Andrews, who were on the staff for a number of years; Mrs. Grant, one of the early superintendents; Mrs. Storey, past president of the Alumnae; Miss Panton, the present superintendent; Miss Austin, her assistant; Miss Hamilton, the first graduate of the Hospital; and Miss Ewing, of the Central Registry. Each table represented a class, and the graduates old and new were especially delighted to welcome the guests of honour, some of them having come from distant points to be present. A delightful and informal reception was held before dinner was announced. A very excellent dinner and a splendid orchestra put everyone in the happiest mood, and the original song hits, composed for the occasion by a member of class 1916, were sung with laughter and enthusiasm. The first toast, to the King, brought everyone to their feet, and a verse of the National Anthem was sung. Mrs. Langford, the efficient toastmistress, then called for a toast to the newest members of the Alumnae, the class of 1927. In a few appropriate remarks, Miss Austin introduced the graduating class, and Miss McLaren responded. Mrs. Clutterbuck was then called on to give the toast to the guests of honour, which she did in a very delightful manner, and the entire assemblage rose and sang "For they are jolly good fellows." Miss Potts spoke first, giving an amusing account of her early days in the hospital. It was an especial pleasure for all the Sick Children's nurses to hear Miss Potts, for there are very few of them who have not felt her splendid and inspiring influence during their hospital career. Miss Kinder too received a warm welcome from dozens of her old probationers present; also Miss Edgar and Miss Andrews, who replied with amusing references to their early years in the Residence. A pleasant little ceremony then took place, when Miss Hamilton presented a life membership pin to the president, Mrs. Langford, as a slight token of the regard in which she is held by the Alumnae. Songs from everybody, speeches from almost everybody, and much laughter brought a very delightful evening to a close. Among so many it was hard to remember everyone, but among those present were Mrs. Clutterbuck, Mrs. Canniff, Mrs. Terrin, Mrs. Reddick, Mrs. Watt, Mrs. James, Mrs. Reid, Mrs. Little, Mrs. Smith, Miss Rogers, Misses Hall, Jardine, Johnston, Jackson, Barnes, Galbraith, Copeland, Waddell, Fraser, Smythe, and a great many others.

Miss Reta Sutcliffe, class 1917, the holder of the Alumnae scholarship for 1925-6, has completed her course at McGill, taking first class honours in the Public Health and Administrative Course. She has taken a position at Saranac Lake for the summer.

The forty-first graduation exercises of the Hospital for Sick Children took place on Monday evening May 23rd, in Convocation Hall, Toronto University. Mr. H. H. Williams, president of the board of trustees, was in the chair and made the very interesting announcement that the new county hospital at Thistleton would be completed next January. The scholarships were presented by Mrs. H. H. Williams and the diplomas and pins by Mrs. Ferguson Burke. Mrs. Langford presented the Alumnae Association scholarship and Mrs. Wilmot Matthews gave the prizes. Miss Panton, superintendent of nurses, gave the report of the Training School, while Rev. W. A. Cameron addressed the graduating class.

For highest standing in theory and practical work, to pursue a post-graduate university course, the awards were as follows:

The awards were as follows:

The R. A. Laidlaw and the I. H. Weldon Scholarship, $500—Mary Elizabeth Acland.

The Thomas H. Wood and the Wilmot L. Matthews Scholarship, $500—Lilian Morton.

For efficient work in operating room: The H. H. Williams Scholarship, $350—Margaret Collins.

The Hospital Alumnae Scholarship (for a university course), $350—Gertrude Evans.

Prizes were awarded as follows:

General proficiency—intermediate year, Elizabeth Riddle; junior year, Elsie Hind. Highest standing in examinations, Feb., 1927, Edith Ransom; Sept., 1927, Lillian Morton; Feb., 1928, Guida Burton; Sept., 1928, Cordelia Hoeflin; Feb., 1929, Una Ross; Sept., 1929, Marjorie Lyon.

The graduates were: Mary Acland, Marjorie Adair, Eleanor Armstrong, Faith Baxter, Amy Beare, Dorothy Bichan, Florence Booth, Erie Bowlby, Margaret Collins, Lillian Currie, Gertrude Evans, Kathleen Halliwell, Frances Hudson, Hazel Irish, Vera Kennedy, Harriet McIntosh, Jean McIntosh, Joan McLarren, Wilma McNabb, Jean Morrison, Lillian Morton, Lottie Muir, Thelma Powell, Edith Ransom, Helen Reid, Gladys Rogers, Hilda Rose, Margaret Simmons, Grace Simpson, Dorothy Wainwright, Elda Webber, Edith Wilson.

At the close of the graduation exercises a reception was held.

St. John's Hospital

The graduating class of St. John's Hospital were entertained by the Alumnae Association at dinner at the Business and Professional Women's Club on the evening of June 2nd. The toast to the class was proposed by Winnifred Hutchins and responded to by Miss Ruth Cook. The toast to the Alma Mater and absent members was proposed by Miss Holdsworth Hiscocks. The staff members present were Misses Parker, Smith and Morgan. The members of the 1927 class are: Misses Ruth Cook, Kathleen Jones, Audrey Ware, Marcia Knight, Lillian Riseborough, Margaret Anderson and Gladys Hartell. A very enjoyable evening was spent in dancing and bridge.

St. Michael's Hospital

The annual graduation exercises of St. Michael's Hospital Training School for Nurses took place on May 5th in Columbus Hall, Toronto. Chief Justice Latchford, of Toronto, presided, and the address to the graduating class was given by Sir Bertram Windle. The following prizes were awarded to members of the class: The H. C. Scholfield Scholarship for one year's post-graduate work in the Department of Public Health Nursing, University of Toronto, given to the nurse obtaining the highest aggregate marks in theory, awarded to Miss Claire Collinson. The Dr. Norman Allen prize for highest standing in the principles and practice of medical nursing, awarded to Miss Mary Daley. The Dr. Gideon Silverthorne prize for proficiency in surgical nursing and operating room technique, awarded to Miss Mary Rolland. The Dr. D'Arcy Frawley prize for highest standing in obstetrical nursing awarded to Miss Lenore Bowie. The following prizes were awarded on the vote of class members: For strengthening and promoting the spirit of loyalty in the school, given by Mr. F. J. Hughes, awarded to Miss Grace Hiland. For the highest standing in the observance of rules of the school, given by the Alumnae Association, awarded as follows: Graduating class, first prize, Miss Ivey DeLeon; second prize, Miss Aurella Gaudet; intermediate class, Miss Grace Murphy; junior class, Miss Mary MacNeill. Prize given by the Alumnae Association for the best essay on "What Benefit Does a Training School Derive from Its Alumnae Association" awarded to Miss Ivy DeLeon. The Corbett-Cowley prize for general neatness awarded to Miss Clara Beall. The Corbett-Cowley prize to the nurse obtaining the highest standing in third year examinations awarded to Miss Claire Collinson.

Following the presentation of diplomas and distribution of prizes and scholarships, a very delightful dance was given to the graduating class and their friends under the auspices of the Women's Auxiliary. The graduates were: Misses Grace Hiland, Ivy DeLeon, Nan Clark, Anne Nettelinge, Catherine Hughes, Mary Holland, Clara Beall, Carmel Cairo, Claire Collinson, Kathleen Fitzpatrick, Lenore Bowie, Marie LaRocque, Mary Daley, Florence Gignac, Aida McMillan, Marie Wingfielder, Katherine Harper, Bertha Lowe, Kathleen Moore, Aurella Gaudet, Mae Madden, Leona Scanlon, Mary Thompson, Evelyn Watson and Mary Blood.

The beautiful walnut hope chest and contents, which was drawn for under the auspices of St. Michael's Hospital Alumnae Association, was won by Mrs. Beatrice Gough, 225 Albany Avenue, Toronto, a graduate of this hospital. The proceeds from this venture go towards a scholarship fund for the Training School.

Wellesley Hospital

The thirteenth graduation exercises of the Wellesley Hospital took place on June 7th, when twenty graduates were presented with their diplomas. The home-like entrance, lawns and old trees made a beautiful setting for the graduation garden party. The scholarships and diplomas were presented by Mrs. Bruce and Lady Baillie. Dr. Sclater offered prayers and the class was given good advice for the future in an address by Dr. Gwyer. Miss Smith introduced the class and then received the Florence Nightingale pledge from them. Scholarships were awarded as follows: Sir Edmund Osler's, to Miss Weirs and Miss Gordon, who intend taking the Public Health Course in Toronto and the Course in Nursing Instruction at McGill, respectively; Dr. Herbert Bruce's, for operating room technique, Miss Lavelle; Dr. Gordon Gallie's, for obstetrics, Miss Gunn and Miss Walters.

To all the earlier Wellesley graduates present came at least one minute of silent regret for the loss of their late superintendent, Miss E. G. Flaws, who though very ill was present at the last graduation. Miss Flaws had an exceptionally strong personality, keen foresight, was a strict disciplinarian, and took a sincere and personal interest in each of her nurses. In the Wellesley Hospital, which she was instrumental in creating, and in the nursing profession in every phase, she is deeply missed by all her nurses.

Miss Aitchison, who has been nursing in Florida all the winter, has returned to Toronto.

Miss Cornwall is nursing in Atlantic City.

Mrs. Martyn, of North Bay, has been in Toronto for a short time.

Miss Burton has taken a position at Lockwood Clinic, Toronto.

Miss Maylor, 1919, has completed the course in Public Health Nursing at Western University, London, Ont.

Miss MacMullen, 1926, sailed for her home in Ireland to spend several months with her family, after which her many friends hope to have her with them again.

All earlier hospital graduates will be glad to hear that Miss Reaveley is gradually gaining strength after a severe illness in the Victoria Hospital, London.

Toronto Western Hospital

The second joint graduating exercises of the Toronto Western Hospital and Grace Hospital Training School for Nurses was held at Convocation Hall on Friday evening, June 3rd. The chairman for the evening was Alexander Fasken, K.C., and the Rev. Stuart Parker, B.D., offered the invocation. Following an address by the Rev. Trevor Davies, Miss Rowan, superintendent of Grace Hospital, and Miss Ellis, superintendent of Toronto Western Hospital, presented their graduating classes. The diplomas and pins were handed to the nurses by Mrs. Alexander Fasken, and the scholarships and prizes were presented by the donors. Following the exercises a reception was held.

On the evening of June 6th a reception and dance was held in the Edith Cavell Residence, in honour of the graduating classes of Grace Hospital and the Toronto Western Hospital. Miss Rowan and Miss Ellis received the many guests, and the spacious rooms were very attractive with quantities of flowers.

Mr. A. C. Galbraith, superintendent, entertained the graduating classes of the two hospitals to a picnic at Niagara-on-the-Lake on Thursday, June 9th.

The graduating class of the Toronto Western Hospital, 1927, was entertained to a dinner at the Prince George Hotel on May 10th by the Alumnae Association, when about one hundred guests were present. After the toast to The King, proposed by Miss Wiggins, president of the Alumnae Association, Miss Isabel Dalzel proposed the toast to the graduating class, responded to by Miss Bird. The toast to the school was proposed by Miss Walker, responded to by Miss Ellis. A toast to "the Absent" was proposed by Miss Elizabeth Duff and responded to by Miss Sutton. Following the dinner a very enjoyable dance was held.

The intermediate class of the Toronto Western Hospital entertained at a dance for the graduating class in the Edith Cavell Memorial Residence.

The internes of the T.W.H. entertained the graduating class to a jolly dance. Miss Ellis was presented with a very lovely bouquet and each member of the graduating class received a case of instruments.

Grace Hospital Alumnae Association entertained the Alumnae Association of the Toronto Western Hospital to a bridge and musicale at Sherbourne House. A very enjoyable evening was spent by everyone.

Miss McQueen, who relieved on the staff during the winter months, has returned to her home in Manilla.

Miss Margaret Davidson has accepted a position with the Massey-Harris Co.

Miss Leota Steacey has accepted a position with the Canadian Carbon Co.

We are pleased to report that Miss Bessie Campbell has recovered from her recent illness.

Miss Laura Kemp has resigned her position as supervisor, surgical ward.

In honour of Miss Jean Watson, Mrs. (Dr.) Kruger entertained at a bridge and linen shower; Miss Bishop and Miss Ryde at a handkerchief shower, and Mrs. McDonald a china shower.

At the second annual convention of the Registered Nurses Association of Ontario, held recently at St. Catharines, the Alumnae Association was represented by Miss Cunningham, and the pupil nurses of the training school were represented by two delegates: Miss Mathews and Miss Jarvis.

Women's College Hospital, Toronto

The tenth graduating exercises of the training school for nurses of The Women's College Hospital were held on Tuesday, May 17th, 1927, at The Dovercourt Road Presbyterian Church. Miss Anderson, president of the Board of Directors, introduced the speakers, including Mr. Justice Riddell, Lady Hearst, Mrs. Huestis, Dr. Esther Loudon and Mrs. Horace Parsons. Mrs. Horace Parsons presented the scholarship for public health nursing and Lady Hearst presented the diplomas. The gift of Dr. Minerva Reid was a case of surgical instruments to each

of the seven graduates. Mrs. Belle Aikens received the Mrs. R. B. Hamilton prize for neatness. Miss Ada Jones, the Alumnae Scholarship, and Miss Jean Lougheed, the Scholarship for Public Health Nursing.

The graduates were: Mrs. Belle Aikens, Misses Margaret Barkley, Phyllis Innes, Ada Jones, Jean Lougheed, Lulu Lloyd and Jessie Tillett.

Dr. N. A. Powell conducted the devotional exercises. Miss Meiklejohn, superintendent of the training school, and Miss Anderson, president of the Board of Directors, were presented with bouquets of roses.

The graduating class were the guests of the Nurses' Alumnae Association at a banquet at the Carls Rite Hotel. Miss B. Stillman, president, and members of the executive received the guests. Miss McClintock proposed the toast to the graduating class, which was responded to by Mrs. B. Aikens. Miss Fraser proposed the Alma Mater toast and Miss Meiklejohn responded. Miss Worth proposed a toast to Absent Members, Miss Ament replying. Misses Scott and Hawkes gave a Prophecy. Miss M. Barkley gave the class history.

The guests of honour were the graduates and Misses Meiklejohn, Marshall, Dixon and Duff of the staff.

Below is an extract from a letter received from the former superintendent, Mrs. Bowman, who was instrumental in organizing this training school, and to whom thanks are given for its continual growth and high standard, due to her faithful leadership since its inception.

"Will you kindly convey to the graduating class and the members of the Alumnae my very sincere congratulations and hearty good wishes for a joyful reunion at your dinner, and may they return for many reunions in the years to come."

"Faithfully yours,

(Sgd.) "MARY F. BOWMAN."

St. Luke's Hosp.,
Newburgh, N.Y.

Central Registry, Toronto

The Central Registry of Nurses, Toronto, held its twenty-second annual meeting on May 16th, Miss Emma Hamilton presiding. The report submitted by Miss Ewing, registrar-treasurer, was most satisfactory, showing a marked increase in the growth of the organization, both financially and in membership. The Registry is located in the Physicians and Surgeons Building, 86 Bloor St. West.

Miss Laura Holland, R.N., for some years director of social welfare for the city of Toronto has been appointed superintendent of Children's Aid Society of Vancouver.

QUEBEC

The regular monthly meeting of the Association of Registered Nurses of the Province of Quebec was held in Sherbrooke on May 31st. Following the business meeting of the afternoon Miss O. Prefontaine read an interesting paper on Public Health from the Standpoint of the Student, and a demonstration of nursing procedures was given by the student nurses of St. Vincent de Paul Hospital. In the evening Miss F. M. Shaw addressed the Association on Nursing Activities in other Countries. Interesting discussion followed papers read by Miss M. A. Samuel on Registration for Nurses in the Province of Quebec, and by Miss Olga Lilly on The Registry for Nurses. The members present were the dinner guests of the local Rotary Club, when Miss F. M. Shaw spoke to the Rotarians on the Value of Registration for Nurses and stressed how much laymen might do to help the provincial associations of nurses in their attempt to supply and protect the public with an adequate nursing service.

An institute of practical nursing procedure, arranged by the Nursing Education Section of the Association of Registered Nurses of the Province of Quebec, was held in Montreal from June 15th to 17th.

MONTREAL

Montreal General Hospital

Miss Frances Reed and Miss G. Calder were delegates from the Alumnae to the meeting of the A.R.N.P.Q. held in Sherbrooke on May 21st.

Miss Brady, 1926, is on the operating room staff; Miss Pauline Browne, 1926, has succeeded Miss Mary Mathewson, resigned, on the staff of the operating room, and Miss Lockwood is in charge of Ward "X."

The sympathy of the members of the Alumnae Association is extended to Miss Upton and Miss Howlett in the loss of their father.

Graduates of the M.G.H. who attended the School for Graduate Nurses, McGill University, 1926-1927, who received diplomas at the recent convocation: Public Health Nursing—Dorothy K. McCarogher and Margaret D. MacDermot; Administration in Schools of Nursing—Helen R. Peters; Nursing Education—Martha A. Harris.

At the regular monthly meeting of the Alumnae Association in May Mr. Frank Scott gave a most interesting address on Mussolini.

Miss Georgie Colley has been appointed convener of the miscellaneous booth for the bazaar which will be held by the Montreal Graduate Nurses Association at the Ritz-Carlton Hotel in November.

Miss Dorothy McCarogher has been

awarded a scholarship by the Laura Spellman Rockefeller Foundation. This scholarship offers one year's free tuition at Columbia University, $1,000, and travelling expenses. Miss McCarogher also gained the Lieutenant-Governor's medal for the highest standing in her class at the School for Graduate Nurses, McGill University.

The eighth annual dinner of the Alumnae Association was held at the Ritz-Carlton Hotel on June 8th, 190 guests being present. Miss Elizabeth Smellie, of the Victorian Order of Nurses, was the guest of honour and, together with Miss Strumm and Miss Watling, president of the Association, received the guests. Fifty-seven graduates of the class of 1927 were among the guests. Miss Smellie was the speaker of the evening and musical entertainment was provided by Doctors Foby and Shofstall, members of the resident staff of the M.G.H.

The class of 1927 comprised fifty-seven graduates and was the largest class in the history of the Training School for Nurses, which covers a period of almost forty years. The graduates are: Helene Allworth, Ethel Henrietta Baird, Elizabeth Barclay, Lily Bateson, Lolita Louise Best, Grace Sarah Blacklock, Kathryn Elizabeth Brady, Jane C. Bradley, Jessie E. Bresee, Pauline Brown, Helen M. Brown, Dorothy Louise Brewster, Kathleen Mary Byrne, Loretto E. Charland, Hazel Mary Collican, Marjorie Hall Cooper, Isabel M. Cox, Martha Jean Donaldson, Dorothy May Driffield, Norene O. Duggan, Marie Beatrice Duprey, Florence Frances Farmer, Carrie Forbes, Margaret Catherine Gillies, Florence Elizabeth Gordon, Ethel Margaret Hart, Helen Muriel Haselton, Janie Monteath Hayes, Vivian Rae Hill, Hildred Greta Johnston, Elizabeth Doris Judson, Mary Patricia Kenehan, Violet Winnifred Kirkham, Anna Marie LeBlanc, Martha Aliene MacDonald, Viola Minnie MacGibbon, Sadie Isabel MacIsaac, Vera Beatrice G. MacLeod, Jean Berchmans MacNeil, Dorothy Isabel MacRae, Mary Kathleen McGaughey, Cathe ine Hazel McKenzie, Isabel Maude McMann, Marion R. Miller, Flora Moroni, Emily Alice S. Roberts, May G. Russell, Dorothy Jean Seifert, M. Dorothy Slack, Ida Smith, Elizabeth Alice Smith, Viola Ethel Sullivan, Janet Mary Thom, Anne Thorpe, Phyllis Scarthe Tremaine, Anne Grace Wetmore, Jessie M. Wins.

Western Hospital

Miss Charlotte Nixon has left the staff of the Red Cross Emergency Hospital, Mountain Street, to take charge of the Red Cross Convalescent Home on Lagauchetiere Street. Miss Mabel Green is on the staff of the same Home.

Miss Mary Sharpe, Cleveland, O., is convalescing favourably from her recent illness.

Prior to her marriage in June, Miss Grace Cunningham was entertained by Miss Lucy Sutton at a coffee spoon shower. Miss Cunningham had been on the staff of the V.O.N., Montreal, for several years.

Miss Olga Lilly was one of eight delegates sent by the Association of Registered Nurses of the Province of Quebec to attend the May meeting of the Association held at Sherbrooke, P.Q.

Miss Kathleen Cunningham has joined the staff of the V.O.N., Montreal.

Miss Annie Harding, who has been engaged in private duty nursing in Montreal, is leaving shortly for her home in Sherbrooke, where she will spend the summer.

Miss Margaret MacCallum, who has been ill with pneumonia, is now on extended leave from the X-Ray Department of the Western Division of the Montreal General Hospital and will be replaced during her absence by Miss Margaret Munro.

Miss Freda James, of Boston, paid a short visit to Montreal during May.

Mrs. Horseman (Gertrude Maw), who has been living in China for the past four years, has returned to Canada and is now visiting her sister in Montreal.

Miss Marion Gillespie will be ship's nurse on the SS. Montcalm, Montreal-Liverpool, during the summer months.

Miss Grace Hamilton, of Toronto, motored through Montreal recently en route to Quebec, and paid a short visit to her friends.

Miss Doris Stevens has been making an extended visit at her home in Sherbrooke.

QUEBEC

Jeffery Hale's Hospital

The Pound Day held on May 12th in aid of the Jeffery Hale's Hospital was most successful. Donations in kind were very numerous and there were also a large number of cash donations.

In the evening of the same day the General Turner Chapter of the I.O.D.E. gave a most delightful concert at the Chateau for the same purpose.

The engagement of Miss Florence Hillier to Dr. Wells, of Roch Island, Quebec, is announced. The wedding will be solemnized in Trinity Church, Quebec, shortly.

SHERBROOKE

Sherbrooke General Hospital

Miss Gladys Van has resigned her position at Ste. Agathe.

Mrs. William Blight, of Winnipeg, has been visiting her mother, Mrs. Parsons, at Waterville, P.Q.

Miss Boyd and Miss Mathewes are doing private duty nursing in Montreal.

Miss Stata, who has resigned her posi-

tion as night supervisor at the Newport Hospital (Vt.) is doing private duty nursing in Montreal.

Miss Graham has resigned her position as night supervisor at Sherbrooke Hospital and has been succeeded by Miss V. K. Beane.

Miss Gladys White has left Ste. Agathe and is leaving shortly for Arizona, where she has accepted a position in the I. B. Hospital.

Miss Nora Arguin is at present in the South and when last heard from was visiting Hollywood, California.

SASKATCHEWAN

PRINCE ALBERT

The graduation exercises of the Victoria Hospital were held on May 13th, in the Memorial Hall, when six graduates received their pins and diplomas, presented by Mr. T. W. McEwan, chairman of the hospital board, as follows: Misses Edith G. Leland, Effie L. Reid, N. Williams, A. M. Coulter, E. M. Metcalfe, and Catherine Dixon. Dr. R. G. Scott presented the prizes, which were awarded as follows: 1st for general proficiency and practical nursing, Miss N. Williams; 1st for theory of nursing, Miss E. L. Reid. After the formal programme the nurses were hostesses at an enjoyable dance.

A very successful tea was given by the nurses of the Victoria Hospital on June 3rd, the object being the raising of funds to provide sleeping accommodation on the balcony of the Nurses' Home. The weather being favourable, tea was served out of doors. The sum of $80 was realized.

C.A.M.N.S.

EDMONTON

The Edmonton Overseas Nursing Sisters Club entertained at the home of Mrs. John Turner in honour of Miss D. Lester, who has resigned from the V.O.N. to be married. During a most enjoyable evening Miss Lester was presented with a silver cake plate from the club.

VICTORIA

On May 12th, Florence Nightingale's birthday, the ex-nursing sisters of Victoria gathered together for their annual reunion. The meeting took the form of a luncheon convened and presided over by Miss M. Ethel Morrison, the following guests being present: Mrs. Finn, Mrs. Long, Mrs. Russell Robertson, the Misses F. E. Hook, Trixie Bradshaw, Gregory-Allen, M. B. Craighead, E. Franks, A. Williams, Martha McBride, F. G. Dewar, M. J. Brown, E. McAuley, Mary A. Boyce, Effie Alexander, C. Lasenby Rose, F. I. Bolster and Meta Hodge.

WINNIPEG

The Nursing Sisters Club gave a very successful tea on Saturday, May 28th. Mrs. T. Cavanagh (nee N/S Mary Hall), Suite 18 Brussels Apts., very kindly loaned her home for the occasion. The rooms were prettily decorated with spring flowers. Miss Hudson, president, and Miss Pollexfen, vice-president, received the guests with Mrs. Cavanagh. Mrs. (Dr.) Collin (nee N/S Mrs. Miller) and Mrs. Sanderson (nee N/S "Pete" McLennan) were in charge of arrangements and the afternoon was very pleasantly spent renewing old acquaintances.

A wreath was placed on the Cross of Sacrifice, Brookside Cemetery, on Decoration Day by the Nursing Sisters Club. The Amputations Association very kindly provided cars to convey the sisters to the cemetery.

Mrs. Gordon Cooper (nee N/S Janet Smith) left the city a few weeks ago to spend the summer months with relatives and friends in Vancouver.

Miss Rita McCulloch, who is in charge of the Pathological Dept. in the Brandon Mental Hospital, spent a few days last month in the city, the guest of Mrs. A. D. McLeod, Deer Lodge Hospital.

Mrs. Charles Greenwood (nee N/S Myrtle Jephson) and little son Charley are spending a few weeks in Winnipeg, the guests of Mrs. Greenwood's mother.

Mrs. George Stead (nee N/S E. Hoffstrand), who is leaving the city shortly to reside in Vancouver, was honour guest at a tea given by a number of her friends at The Oasis (Brathwaite's) on Tuesday afternoon, June 7th.

The many friends of Miss Alice Chafe, who went to Mexico City a year ago, will be pleased to hear that she has accepted the position of Superintendent of Del Monte Hospital, Pachuca, Mexico.

C. N. A.

Miss F. M. Shaw, president of the Canadian Nurses Association, sailed from Montreal on June 3rd for Europe, where she will spend the next three months. Miss Shaw will represent the C.N.A. at the Interim Conference of the International Council of Nurses, which meets in Geneva, July 27th to 30th 1927. Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses for Canada, sailed for Europe early in July and will attend the Interim Conference.

THE CANADIAN NURSE

Some time ago a suggestion was made by a member of the Canadian Nurses Association that to build up a larger circulation for The Canadian Nurse alumnae and local nurses' organizations present a year's subscription for the national journal to each member of the graduating classes. Recently the Graduate Nurses Association of Moose Jaw, Sask., have made each member of the graduating classes, 1927, of the Moose Jaw General Hospital and the Sisters of Providence Hospital, subscribers for the coming year.

WANTED—TRUE PUBLIC HEALTH STORIES

The Publications Committee and the editor of The Public Health Nurse of the National Organization of Public Health Nursing, United States, have arranged a prize story contest. Public Health nurses or any individual concerned with public health nursing are eligible. Three prizes of $50, $30 and $20 are offered for the three best stories. Rules and full particulars may be obtained by writing to the Editor, The Public Health Nurse, 370 Seventh Avenue, New York, N.Y., U.S.A.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CAMPBELL—On December 19th, 1926, to Mr. and Mrs. Colin Campbell, a son.

ELLIS—On May 7th, to Mr. and Mrs. Harvey Ellis (Muriel Purdy, General Public Hospital, Saint John, N.B., 1924), twin sons.

FAWCETT—On May 4th, to Mr. and Mrs. F. C. Fawcett (Marion McLachlan, General Public Hospital, Saint John, N.B., 1918), a son (Frederick Keith).

HARVEY—On May 13th, 1927, at Cobourg, to Mr. and Mrs. Robert Harvey (nee Pollock, Montreal General Hospital), a son.

KIRKPATRICK—On May 13th, 1927, at Ottawa, to Mr. and Mrs. Paul Kirkpatrick (nee Tanner, Montreal General Hospital), a son.

LUCAS—In April, 1927, at Clinton, Ont., to Mr. and Mrs. Lucas (Pearl McCormack, Wellesley Hospital, Toronto, 1919), a daughter.

MARTIN—On May 12th, 1927, to Mr. and Mrs. Ray Martin (Catherine Shannon, Sherbrooke Hospital), a son.

MITCHELL—In March, 1927, to Mr. and Mrs. Malcolm Mitchell, a son.

RATHBONE—On April 20th, 1927, at Toronto, to Mr. and Mrs. Rathbone (Elsie Hanna, Wellesley Hospital, Toronto, 1923), a son.

SCOTT—On January 23rd, 1927, at Englehart, Ont., to Mr. and Mrs. Stewart Scott, a son (William Stewart).

WHITE—On June 4th, 1927, at Montreal, to Mr. and Mrs. Donald White (Adelaide McTier), a son.

WILLIAMS—On April 8th, 1927, at Winnipeg, to Mr. and Mrs. Alfred Williams (Olive Mitchell, Montreal General Hospital), a son.

MARRIAGES

FOWLER—COULTER — On April 2nd, 1927, in Toronto, Nita Coulter (Wellesley Hospital, Toronto, 1921), to Charles H. Fowler. At home—Toronto.

HERMAN—FOWLER—On June 3rd, 1927, at Fort Coulonge, P.Q., Jean Fowler (Montreal General Hospital), to Reginald Herman.

McLELLAND—WILLETT—On April 2nd, 1927, at Philadelphia, Pa., Bernice Willett (Montreal General Hospital), to George A. McLelland.

McLENNAN—BARRINGTON—On March 29th, 1927, at Brockville, Ont., Louedna Barrington (General Hospital, Brockville), to J. McLennan, of Brockville.

NESBIT—WATSON—On June 8th, 1927, at Toronto, Jean Isobel Watson (Toronto Western Hospital), to Dr. James Nesbit, of Mt. Dennis.

PARRETT — GAULIN — On May 12th, 1927, Hattie Gaulin (Sherbrooke Hospital, Sherbrooke, P.Q.), to Arthur Parrett, of Toronto.

RAEMORE—PEACOCK—On April 23rd, 1927, at Toronto, Blanche Irene Peacock (Woman's College Hospital, Toronto, 1925), to Wm. Gerald Raemore, of Toronto.

SCOTT—McLEOD—On April 27th, 1927, at Glen Falls, Newfoundland, Margaret Ann McLeod (Montreal General Hospital), to Walter Scott.

SOMERS—McDONAGH—On May 16th, 1927, at Toronto, Edith McDonagh (Hospital for Sick Children, Toronto), to Harry L. Somers.

TRICK—REICHEN—On January 26th, 1927, at Bowmanville, Ont., Mayaloise Reichen (Oshawa General Hospital, 1926), to Dr. Harold Trick, of Oshawa, Ont.

DEATHS

McCAUGHEY—On March 6th, 1927, at Kempville, Ont., Irene McCaughey (Oshawa General Hospital, 1923), in her 26th year.

Manual for Public Health Nurses

Recently the Public Health Nurses' Department of the Provincial Board of Health in Manitoba published a manual for public health nurses. This is the first manual of its kind to be published in Canada, and should prove most valuable to public health nurses. Copies may be obtained, price fifty cents per copy, from the Public Health Nurses' Department, Parliament Buildings, Winnipeg, Man.

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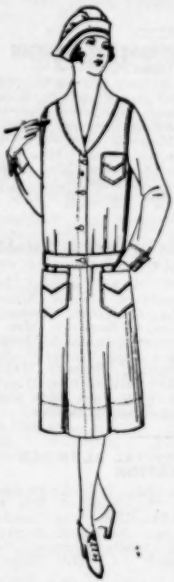

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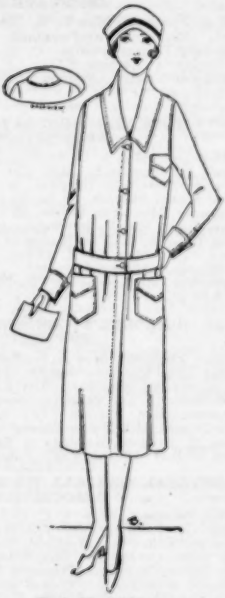

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